DCN 658

2

1CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NAVAL HOSPITAL, CAMP PENDLETON, CALIFORNIA
~~92055~~ 68094 BUMED-822, MA
3 Jun 94

Category.....Personnel Support
Sub-category....Medical
Types.....Clinics, Hospitals, and Medical Centers

*******If any responses are classified, attach separate classified annex*******

Encl (1)

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MISSION REQUIREMENTS

1. Population. Please identify your beneficiary population using the same definitions as used by RAPS. Use the following table to record your results.

TYPE	ACTUAL FY 1993			PROJECTED FY 99		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	127881	36421	NA	114386	37297	NA
FAMILY OF AD	126076	39997		112853	37577	
SUBTOTAL	253957	76418	NA	227239	74874	NA
RETIRED AND FAMILY MEMBERS UNDER 65	80170	18153		78035	22609	
RETIRED AND FAMILY MEMBERS OVER 65[4]	31533	8303		39865	13346	40556
OTHER	12465	2821		15764	4601	
TOTAL	378125	105695	NA	360903	115430	NA

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

[1] THE BASIS FOR YOUR REPORTED POPULATION IS THE CATCHMENT AREA DEFINED AS SETS OF ZIP CODES EMANATING FROM THE CENTER OF THE ZIP CODE IN WHICH THE MTF IS LOCATED WITH A RADIUS OF 40 MILES.

[2] THIS IS THE POPULATION SPECIFICALLY ASSIGNED TO YOUR FACILITY IN CONTRAST TO THE POPULATION IN THE CATCHMENT AREA. THIS IS IMPORTANT IN FACILITIES WITH OVERLAPPING CATCHMENT AREAS.

[3] IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (TRICARE POLICY GUIDELINES).

[4] THIS SECTION MUST BE COMPLETED.

***RAPS does not project out past FY-99

BUMED-82
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3 Jun 94

R

2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds[1]:	120	
Set Up Beds[1]:	~~145~~ 102 WCBlumLD 8241014194	R
Expanded Bed Capacity[2]:	265	R

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

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2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds, please so indicate.

Operating Beds[1]:	120
Set Up Beds[1]:	102
Expanded Bed Capacity[2]:	~~584~~ 623 BUMED MED 83G GSA 9/1/94

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

ENCLOSURE (1)

2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds[1]:	120
Set Up Beds[1]:	102
Expanded Bed Capacity[2]:	623*

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

THE 623* EXPANDED BED CAPACITY ANNOTATED ABOVE WAS DONE SO IN CONJUNCTION WITH FY93 REPORTING. WITH THE FY94 CONSOLIDATION OF OUR ALCOHOL REHABILITATION DEPARTMENT WITH THAT OF LONG BEACH AND ITS MOVE FROM THE NAVAL HOSPITAL TO BUILDING H-49, OUR EXPANDED BED CAPACITY HAS GROWN TO 637.

The following questions are designed to determine the level of services provided at your facility during FY 1993, your current maximum capability (i.e. your maximum capacity given the same set of parameters that you are currently functioning within), and the requirements of the community you support.

3. Workload. Complete the following table for FY 1993:

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	109041	130423	61093	300557
INPTS\OUTPTS VISITS	2114	4900	2595	9609
ADMISSIONS	3426	3570	1480	8476
LABORATORY TESTS (WEIGHTED)[1]	3252584	NA	NA	3252584
RADIOLOGY PROCEDURES (WEIGHTED)[1]	235581	NA	NA	235581
PHARMACY UNITS (WEIGHTED)[1]	569265	NA	NA	569265
OTHER (SPECIFY)	***			

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

Radiology Weighted Procedures total includes 20,544 Nuclear Medicine Weighted Procedures.

*** 361 Audiograms; 27818 Immunizations; 248 EEGs; 148 EMGs; and 9467 EKGs were completed.

Ancillary Procedures are not reported by patient category.

3a. Workload. Complete the following table for your maximum capacity. Assume the same facility, staff, equipment, and supplies you currently have. Do not change your scope of practice. **Show all calculations and assumptions in the space below.**

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	109041	130423	61093	300557
INPTS\OUTPTS VISITS	2114	4900	2595	9609
ADMISSIONS	3426	3570	1480	8476
LABORATORY TESTS (WEIGHTED)[1]	3252584	N/A	N/A	3252584
RADIOLOGY PROCEDURES (WEIGHTED)[1]	235581			235581
PHARMACY UNITS (WEIGHTED)[1]	569265			569265
OTHER (SPECIFY)	***			N/A

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

Nuclear Medicine Weighted Procedures are included in Radiology Weighted Procedures Total.

*** 361 Audiograms; 27818 Immunizations; 248 EEGs; 148 EMGs; and 9467 EKGs were completed.

Ancillary Procedures are not reported by patient category.

BUMED-9
MCS
3 Jun 94

3b. Workload. Complete the following table for the current workload demand of your supported population. Assume you are to provide all the care in your facility for your catchment area. **Show all calculations and assumptions in the space below.**

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	113141	314486	145247	572874
INPTS\OUTPTS VISITS	2114	4900	2595	9609
ADMISSIONS	3426	8332	1964	13722
LABORATORY TESTS (WEIGHTED)[1]	3361498	NA*	NA*	3361498
RADIOLOGY PROCEDURES (WEIGHTED)[1]	289942	NA*	NA*	289942
PHARMACY UNITS (WEIGHTED)[1]	727686	NA*	NA*	727686
OTHER (SPECIFY)	N/A	721*	N/A	→

*WAS UNABLE TO PROVIDE BY PATIENT CATEGORY.

CHAMPUS, NAVCARE AND NAS WORKLOAD FOR BOTH INPATIENT AND OUTPATIENT CARE ARE INCLUDED AS FOLLOWS:

BUMED-822
mA, 3 Jun 99

Admissions includes 3321 Champus, 1925 NAS;
Outpatient Visits includes 150572 Champus, 121745 NAVCARE;
Lab includes 108914 NAVCARE
X-Ray includes 54361 NAVCARE
Pharmacy includes 158421 NAVCARE

Camp Pendleton
August 26, 1994
Corrected Copy LR

B/A

4. Staffing. Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care). Please include military, civilian, and contract providers. Do not include partnerships.

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	31	31	31	31	31	31	31	31
SPECIALTY CARE[2]	42	42	42	42	42	42	42	42
PHYSICIAN EXTENDERS[3]	8	8	8	8	8	8	8	8
INDEPENDENT DUTY CORPSMEN	14	14	14	14	14	14	14	14
TOTAL	95	95	95	95	95	95	95	95

[1] This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.
[2] This is all other physician providers not included in the primary care category.
[3] This includes Physician Assistants and Nurse Practitioners.

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4. Staffing. Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care). Please include military, civilian, and contract providers. Do not include partnerships.

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	~~39~~ 31	~~40~~ 31	~~40~~ 31	~~40~~ 31	~~40~~ 31	~~40~~ 31	~~40~~ 31	~~40~~ 31
SPECIALTY CARE[2]	45	48	48	48	48	48	48	48
PHYSICIAN EXTENDERS[3]	~~20~~ 3	~~22~~ 3	~~22~~ 3	~~22~~ 3	~~22~~ 3	~~22~~ 3	~~22~~ 3	~~22~~ 3
INDEPENDENT DUTY CORPSMEN	~~5~~ 14	~~6~~ 14	~~6~~ 14	~~6~~ 14	~~6~~ 14	~~6~~ 14	~~6~~ 14	~~6~~ 14
TOTAL	~~109~~ 93	~~116~~ 96	~~116~~ 96	~~116~~ 96	~~116~~ 96	~~116~~ 96	~~116~~ 96	~~116~~ 96

The above chart includes physician providers only under Primary Care and Specialty Care. The figures include military authorizations, civilian authorizations/end strength and contract and resource sharing on board. FY 1995 increase reflects Naval Hospital, Long Beach (NHLB) military staff shift. The chart does not include sixteen (16) GMEs, twelve (12) Interns, and four (4) Adv Dent Educ for a total of thirty-two (32) under UIC 48458, NAVHOSP Training Camp Pendleton, CA. Also, this chart does not include the local area branch clinics.

BUMED-8 MA, 3 Jun 9

[1] This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.
[2] This is all other physician providers not included in the primary care category.
[3] This includes Physician Assistants and Nurse Practitioners.

LOCATION

5. Community Providers. Complete the following table for the civilian providers within your 40 mile catchment area. The catchment area is defined as sets of zip codes emanating from the center of the ZIP code in which the MTF is located with a radius of 40 miles. If you are required to use another boundary please define the geographical region and the reason for its use.

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	3047
SPECIALTY CARE[2]	3840
PHYSICIAN EXTENDER[3]	368
TOTAL	7255

[1] This includes General Practioners, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

[2] This is all other physician providers not included in the primary care category.

[3] This includes Physician Assistants and Nurse Practitioners.

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LOCATION

5. Community Providers. Complete the following table for the civilian providers within your 40 mile catchment area. The catchment area is defined as sets of zip codes emanating from the center of the ZIP code in which the MTF is located with a radius of 40 miles. If you are required to use another boundary please define the geographical region and the reason for its use.

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	2843
SPECIALTY CARE[2]	3572
PHYSICIAN EXTENDER[3]	368
TOTAL	6783

[1] This includes General Practioners, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

[2] This is all other physician providers not included in the primary care category.

[3] This includes Physician Assistants and Nurse Practitioners.

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6. Regional Population. Please provide the U. S. Census population for your 40 mile catchment area. If you are required to use another boundary please define the geographical region and the reason for its use. Also list the source of this information. This value should include your beneficiary population.

Region Population: 2,768,902

Zip codes included in NHCP catchment area were provided by Region 9 Tricare, Naval Medical Center, San Diego, California.

Census population sources:
California Public Sector. Publisher: California Public Sector Publications, 1992.
(Reference book available from Carlsbad Public Library.)

California Almanac. Publisher: Pacific Data Resources, 5th Edition, 1991.
(Reference book available from Marine Corps Base Library, Camp Pendleton.)

The World Almanac and Book of Facts. Publisher: World Almanac, an imprint of Pharos Books, a Scripps Howard Company, New York, 1993.
(Reference book available from Marine Corps Base Library, Camp Pendleton.)

6. Regional Population. Please provide the U. S. Census population for your 40 mile catchment area. If you are required to use another boundary please define the geographical region and the reason for its use. Also list the source of this information. This value should include your beneficiary population.

Region Population: 1,873,564

7. Regional Community Hospitals. Please list in the table below all the community hospitals (as defined in the American Hospital Association publication Hospital Statistics)in your region (include military, civilian, and any federal facilities including Veterans Affairs):

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Alvarado Med Ctr	Nat'l Med Ent	44	59	NONE
Childrens Hosp and Health Ctr	Same	37	49	NONE
Coronado Hosp	Sharp HealthCare Grp	47	63	NONE *
Fallbrook Hosp	Fallbrook District	12	16	NONE *
Green Hospital of Scripps	Scripps Memorial	33	44	NONE
Grossmont	Sharp Healthcare Grp	44	59	NONE *
Harbor View	Ornda Healthcorp	41	55	NONE
Inland Valley Reg Med Ctr	Universal Health Svcs	25	33	NONE
Irvine Med Ctr	American Med Int'l	49	65	NONE *
Kaiser Foundation	Kaiser Foundation Hosp	49	65	NONE

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7. Regional Community Hospitals. Please list in the table below all the community hospitals (as defined in the American Hospital Association publication Hospital Statistics) in your region (include military, civilian, and any federal facilities including Veterans Affairs):

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Alvarado	National Medical Enterprises	32 miles	60 minutes	
CPC San Luis Rey	Community Psychiatric Center	12 miles	25 minutes	
Childrens		31 miles	45 minutes	
Capistrano By The Sea		28 miles	45 minutes	
Fallbrook		10 miles	15 minutes	

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Green Hosp of Scripps	Scripps Memorial	25 miles	45 minutes	
Grossmont	Sharp Healthcare	40 miles	60 minutes	
Harbor View	Sharp Healthcare	40 miles	60 minutes	
Hillside		39 miles	60 minutes	
Inland Valley Regional		30 miles	45 minutes	

7. Regional Community Hospitals. Please list in the table below all the community hospitals (as defined in the American Hospital Association publication Hospital Statistics)in your region (include military, civilian, and any federal facilities including Veterans Affairs):

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Menifee Valley Med Ctr	Community Psychiatry	38 5	51	NONE *
Mercy Hospital/ Med Ctr	Catholic Healthcare West	41	55	NONE *
Mission Bay Memorial Hospital	Epic Healthcare Group	40 6	53	NONE
Mission Hosp/Reg Med Ctr	St. Joseph Health System	44	59	NONE
Naval Med Ctr San Diego	Dep of Navy	44	59	NONE
Palomar Med Ctr	Palomar Pomerado Health System	17 7	23	NONE *
Pomerado	Palomar Pomerado Health System	28 8	37	NONE *
Saddleback Memorial Med Ctr	Memorial Health Svcs	39 9	52	NONE *
Samaritan Med Ctr	Samaritan Health System	28 10	37	NONE
Scripps Memorial La Jolla	Scripps Memorial Hosp	33 11	44	NONE *
Scripps Memorial Encinitas	Scripps Memorial Hosp	22 12	29	NONE *

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FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP
Kaiser Foundation	Kaiser Foundation Hospitals	37 miles	60 minutes	
Mercy	Catholic Healthcare West	40 miles	60 minutes	
Mesa Vista	Vista Hill Foundation	31 miles	60 minutes	
Mission Bay Memorial	Epic Healthcare Group	30 miles	45 minutes	
Laguna Hills Hosp		32 miles	45 minutes	

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP
Palomar	Palomar Pomerado Health System	20 miles	35 minutes	
Pomerado	Palomar Pomerado Health System	25 miles	45 minutes	
Rancho Park		40 miles	60 minutes	
Irvine Medical Center		40 miles	60 minutes	
SD County Psych		40 miles	60 minutes	

7. Regional Community Hospitals. Please list in the table below all the community hospitals (as defined in the American Hospital Association publication Hospital Statistics)in your region (include military, civilian, and any federal facilities including Veterans Affairs):

Sharp Cabrillo	Sharp Healthcare	44	59	NONE *
Sharp Healthcare Murrieta	Sharp Healthcare	24 13	32	NONE
Sharp Memorial	Sharp Healthcare	37 14	49	NONE *
South Coast Med Ctr	Same	35 15	47	NONE
Tri-City Med Ctr	Same	20 16	27	NONE *
UCSD	University of CA Systemwide Administration	33 17	44	NONE

1. Distance in driving miles from your facility
2. List any partnerships, MOUs, contracts, etc with this facility

* CHAMPUS CONTRACT NETWORK PROVIDER (AETNA)

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FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Sharp Healthcare Murrieta	Sharp Healthcare	28 miles	40 minutes	
Samaritan Medical Center	Samaritan Health System	20 miles	35 minutes	
Scripps Mem. La Jolla	Scripps Memorial	28 miles	45 minutes	
Scripps Mem. East	Scripps Memorial	28 miles	45 minutes	
Sharp Cabrillo	Sharp Healthcare	40 miles	60 minutes	

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Sharp Memorial	Sharp Healthcare	30 miles	45 minutes	
Tri-City		15 miles	30 minutes	
UCSD	University of California	28 miles	45 minutes	
VA La Jolla	Dept of Veterans Affairs	28 miles	45 minutes	
Villaview Community		40 miles	60 minutes	

7. Regional Community Hospitals. Please list in the table below all the community hospitals (as defined in the American Hospital Association publication Hospital Statistics)in your region (include military, civilian, and any federal facilities including Veterans Affairs):

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
VA La Jolla	Dept of Veteran Affairs	33 12	44	NONE

Milage distance - The Thomas Guide 1992, plus calculated 11 miles from Naval Hospital Camp Pendleton to entrance of route 5.

Driving time (not during rush hour)

$$\text{Time} = \frac{\text{distance x 60 minutes}}{\text{average speed 45 mph}}$$

Relationship - Naval Hospital Camp Pendleton doesn't have Partnerships, MOU's, Contracts, etc. with the facilities listed above

[1] Distance in driving miles from your facility
[2] List any partnerships, MOUs, contracts, etc with this facility

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FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
Hemet Valley Medical Center	Hemet Valley System	40 miles	60 minutes	
Menifee Valley Medical Center	Community Valley Health System	35 miles	50 minutes	
Scripps Memorial/Encinitas	Scripps Memorial	12 miles	20 minutes	

[1] Distance in driving miles from your facility
[2] List any partnerships, MOUs, contracts, etc with this facility

THE NAVAL HOSPITAL AND/OR ITS BRANCH CLINICS MAY HAVE PERSONAL SERVICES CONTRACTS FOR RADIOLOGY OR LABORATORY SERVICES WITH PHYSICIANS AND/OR SPECIFIC MEDICAL GROUPS, BUT THERE ARE NO MOUs, CONTRACTS OR PARTNERSHIPS FOR HEALTHCARE WITH ANY OF THE COMMUNITY HOSPITALS.

7a. Regional Community Hospitals. For each facility listed in the preceding table complete the following table:

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Alvarado Med Ctr	231	Y	51.5	Open-heart Surgery
Childrens Hospital and Health Ctr	154	Y	83.0	GME,Open-heart Surgery, Trauma Ctr
Coronado Hospital	203	Y	N/A	
Fallbrook Hospital	50	Y 2	48.0	
Green Hospital of Scripps	173	Y 3	67.1	Cancer Program, Open-heart Surgery
Grossmont	438	Y	61.2	Cancer Program, Open-heart Surgery
Harbor View	130	Y	60.8	
Inland Valley Reg Med Ctr	80	Y 4	52.5	
Irvine Med Ctr	141	Y	31.2	

[1] Use definitions as noted in the American Hospital Association publication Hospital Statistics.

[2] Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

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7a. Regional Community Hospitals. For each facility listed in the preceding table complete the following table:

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Alvarado	231	Y	51.5%	None
CPC San Luis Rey	123	Y	N/A	Psych
Childrens	154	Y	83.1%	Child
Capistrano By the Sea	82	Y	N/A	None
Fallbrook	50	Y	48.0%	Community

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Green Hosp of Scripps	173	Y	67.1%	Community
Grossmont	438	Y	61.2%	Community
Harbor View	130	Y	60.8%	Community
Hillside	133	Y	N/A	Community
Inland Valley Regional	80	Y	52.5%	None

7a. Regional Community Hospitals. For each facility listed in the preceding table complete the following table:

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Kaiser Foundation	343	Y	72.8	GME
Menifee Valley Med Ctr	84	Y	71.8	
Mercy Hospital/Med Ctr	417	Y	62.4	GME, Open-heart Surgery, Trauma Ctr
Mission Bay Memorial	113	Y	46.0	Burn Care Unit
Mission Hospital Reg Med Ctr	175	Y	N/A	Trauma Center
Naval Hospital San Diego	442	Y	99.7	GME, Cancer Program Open-heart Surgery
Palomar Med Ctr	396	Y	70.1	Cancer Program, Open-heart Surgery, Trauma Ctr
Pomerado	247	Y	72.	Cancer Program
Saddleback Memorial Medical Center	221	Y	62.7	Cancer Program, Trauma Ctr, GME
Samaritan Med Ctr	86	Y	34.9	
Scripps Memorial La Jolla	433	Y	49.4	Cancer Program, Open-heart Surgery Trauma Ctr

[1] Use definitions as noted in the American Hospital Association publication Hospital Statistics.
[2] Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

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FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Kaiser Foundation	343	Y	75.8%	Aids/Ard
Mercy	417	Y	62.4%	Trauma
Mesa Vista	150	Y	N/A	Psych/Heart
Mission Bay Memorial	113	Y	46.0%	None
Laguna Hills Hosp	78	Y	N/A	None

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Palomar	396	Y	70.1%	Community
Pomerado	247	Y	72.0%	Community
Rancho Park	90	Y	N/A	None
Irvine Medical Center	141	Y	31.2%	None
SD County Psych (w/Nursing Home)	419	Y	74.2%	Psych

7a. Regional Community Hospitals. For each facility listed in the preceding table complete the following table:

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Scripps Memorial Encinitas	158	Y 12	45.6	Cancer Program
Sharp Cabrillo	219	Y	53.0	Cancer Program
Sharp Healthcare Murrieta	90	Y 13	96.7	
Sharp Memorial	385	Y 14	81.8	Cancer Program, GME, Open-heart Surgery
South Coast Med Ctr	191	Y 15	25.8	
Tri-City	382	Y 16	68.1	Cancer Program, GME, Open-heart Surgery
UCSD	412	Y 17	79.6	Cancer Program, GME Open-heart Surgery, Trauma Ctr
VA La Jolla	355	Y 18	77.5	GME, Open-heart Surgery

[1] Use definitions as noted in the American Hospital Association publication Hospital Statistics.

[2] Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

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FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Sharp Healthcare Murrieta	139	N	97.6%	Community
Samaritan Medical Center	86	Y	34.9%	Community
Scripps Memorial La Jolla	433	Y	49.4%	Trauma
Scripps Memorial East	162	Y	25.9%	Community
Scripps Memorial Encinitas	158	Y	45.6%	Community

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Sharp Cabrillo	219	Y	53.0%	None
Sharp Memorial	385	Y	81.8%	Trauma
Tri-City	382	Y	68.1%	Community
UCSD	412	Y	79.6%	Trauma
VA La Jolla	355	Y	77.5%	Veterans

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Villaview Community	99	Y 19	N/A	None
Hemet Valley Medical Center	286	Y 20	72.7%	Community
Menifee Valley Medical Center	84	Y 21	71.8%	Community

[1] Use definitions as noted in the American Hospital Association publication Hospital Statistics.

[2] Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

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c. Training Facilities:

(1) By facility Category Code Number (CCN), provide the usage requirements for each course of instruction required for all formal schools on your installation. A formal school is a programmed course of instruction for military and/or civilian personnel that has been formally approved by an authorized authority (ie: Service Schools Command, Weapons Training Battalion, Human Resources Office). Do not include requirements for maintaining unit readiness, GMT, sexual harassment, etc. Include all applicable 171-*xx*, 179-*xx* CCN's.

Type of Training Facility/CCN	School	Type of Training	FY 1993 Requirements			FY 2001 Requirements		
			A	B	C	A	B	C
H-95 EMT/171-45	EMT	EMERGENCY MEDICAL TECH	226	119	26894	216	119	25704
H-100 Hospital/510-10	Follow-on Trng	Follow-on Trng for Corpsmen/ Clinical Orientation Program	151	160	24160	183	160	29280

A = STUDENTS PER YEAR
B = NUMBER OF HOURS EACH STUDENT SPENDS IN THIS TRAINING FACILITY FOR THE TYPE OF TRAINING RECEIVED
C = A x B

COMMENT:
We are a tenant of Marine Corps Base, Camp Pendleton. They will answer questions regarding training of troups, etc in their BRAC data calls.

The only FORMAL training we provide is for our medical staff and our supporting branch medical clinics.

c. Training Facilities:

(1) By facility Category Code Number (CCN), provide the usage requirements for each course of instruction required for all formal schools on your installation. A formal school is a programmed course of instruction for military and/or civilian personnel that has been formally approved by an authorized authority (ie: Service Schools Command, Weapons Training Battalion, Human Resources Office). Do not include requirements for maintaining unit readiness, GMT, sexual harassment, etc. Include all applicable 171-xx, 179-xx CCN's.

Type of Training Facility/CCN	School	Type of Training	FY 1993 Requirements			FY 2001 Requirements		
			A	B	C	A	B	C
H-95 EMT/171-45	EMT	EMERGENCY MEDICAL TECH	226	119	26894			
H-100 Hospital/510-10	Follow-on Trng	Follow-on Trng for Corpsmen/Clinical Orientation Program	180	160	28800			

A = STUDENTS PER YEAR
B = NUMBER OF HOURS EACH STUDENT SPENDS IN THIS TRAINING FACILITY FOR THE TYPE OF TRAINING RECEIVED
C = A x B

COMMENT;
We are a tenant of Marine Corps Base, Camp Pendleton. They will answer questions regarding training of troups, etc in their BRAC data calls.

The only FORMAL training we provide is for our medical staff and our supporting branch medical clinics.

No change is anticipated in the size of the training for FY2001.

(2) By Category Code Number (CCN), complete the following table for all training facilities aboard the installation. Include all 171-xx and 179-xx CCN's.

For example: in the category 171-10, a type of training facility is academic instruction classroom. If you have 10 classrooms with a capacity of 25 students per room, the design capacity would be 250. If these classrooms are available 8 hours a day for 300 days a year, the capacity in student hours per year would be 600,000.

Type Training Facility/CCN	Total Number	Design Capacity (PN)[1]	Capacity (Student HRS/YR)
H-95 EMT / CCN 171-45	1	40	80,000
H-100 Hospital / CCN 510-10	1	20	40,000

(3) Describe how the Student HRS/YR value in the preceding table was derived.

THE STUDENT HRS/YR VALUE WAS DERIVED IN ACCORDANCE WITH YOUR EXAMPLE; HOWEVER WE USED 250 DAYS INSTEAD OF 300.

```
 365 DAYS/YR
-104 WEEKEND DAYS
-  11 HOLIDAYS
 250
```

[1] Design Capacity (PN) is the total number of seats available for students in spaces used for academic instruction; applied instruction; and seats or positions for operational trainer spaces and training facilities other than buildings, i.e., ranges. Design Capacity (PN) must reflect current use of the facilities.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

JAMES L. STAIGER
NAME (Please type or print)

James L. Staiger
Signature

Commanding Officer
Title

27 May 94
Date

Naval Hospital, Camp Pendleton
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 6-3-94

BUREAU OF MEDICINE & SURGERY

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J.B. GREENE JR

NAME (Please type or print) _____ Signature _____

ACTING

Title _____ Date 8 JUNE 1994

Corrected
Camp Pendleton

pg 8

BRAC-95 CERTIFICATION

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

Tamara L. Rollins
NAME (Please type or print)

Tamara L. Rollins
Signature

Hospital Analyst
Title

26 August 1994
Date

BUMED-312
Division

BUMED-31
Department

Bureau of Medicine and Surgery
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature

CHIEF BUMED/SURGEON GENERAL

Title — Date 8-29-94

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print) — Signature

Title — Date 9/1/94

Pg 4, 9, 10, 11 - 17, 19

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

JAMES L. STAIGER
NAME (Please type or print)

James L. Staiger
Signature

Commanding Officer
Title

16 Aug 94
Date

Naval Hospital, Camp Pendleton
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X 9-6-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print) W A Earner Signature

Title 9/12/94 Date

DATA CALL #26
9-23-94 REVISION
TO QUESTION 2

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

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ACTIVITY COMMANDER

JAMES L. STAIGER
NAME (Please type or print)

James L. Staiger
Signature

Commanding Officer
Title

30 Sept 94
Date

Naval Hospital, Camp Pendleton
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X 10/4/94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) J B Greene Jr Signature

ACTING

Title 10 OCT 1994 Date

Document Separator

372

MILITARY VALUE ANALYSIS: DATA CALL WORKSHEET FOR: MEDICAL FACILITY: NAVAL HOSPITAL, CAMP PENDLETON 92055

ACTIVITY UIC: 68094

Category.....Personnel Support
Sub-category.....Medical
Types.....Clinics, Hospitals, Medical Centers

April 4, 1994

**********If any responses are classified, attach separate classified annex**********

ENCLOSURE (1)

TABLE OF CONTENTS

Mission Requirements
1. Mission
2. Customer Base
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4. Projected Workload
5. Medical Support
6. Graduate Medical Education

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7. Facilities Description

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9. Manpower and Recruiting Issues

Features and Capabilities
10. Capabilities
11. Mobilization
12. Non Availability Statements
13. Supplemental Care
14. Costs
15. Quality of Life

MISSION REQUIREMENTS

1. Mission Statement. State the mission of your medical facility in sufficient detail so that it can be distinguished from other medical facilities.

ACTIVITY: Naval Hospital, Camp Pendleton, Ca.

UIC: 68094

MISSION: The Naval Hospital, Camp Pendleton, located on the Marine Corps Base, is a shore activity in an active (fully operational) status which provides:

- A comprehensive range of emergency, outpatient and inpatient health care services to active duty Navy and Marine Corps personnel and active duty members of other Federal Uniformed Services.

- Ensures that all assigned military personnel are both, aware of and properly trained for the performance of their assigned contingency and wartime duties.

- Ensures that the command is maintained in a proper state of material and personnel readiness to fulfill wartime and contingency mission plans.

- Provides, as directed, quality health care services and timely access in support of the operation of the Navy and Marine Corps shore activities and units of the operating forces.

- Subject to the availability of space and resources, provides the maximum range and amount of comprehensive health care services possible for other authorized persons as prescribed by Title 10, U. S. Code, and other applicablae directives.

- Conducts appropriate education programs for assigned military personnel to ensure that both military and health care standards of conduct and performance are achieved and maintained.

- Conducts graduate and post-graduate education programs for navy medical students and Medical Department officers.

- Participates as an integral element of the Navy and Tri-Service Regional Health Care System.

- Cooperates with military and civilian authorities in matters pertaining to public health, local disasters, and other emergencies. Manage hospital resources appropriately.

- Maintains requisite quality health care standards so as to

ensure successful accreditation and recognition by appropriate governmental and civilian agencies and commissions, to include the Joint Commission on Accreditation of Healthcare Organizations.

- Supports eleven (11) local area branch medical clinics and two (2) Deployable Medical Systems (DEPMEDS) units.

- Is the parent command to the outlying branch medical clinics of El Toro/Tustin, Barstow, Yuma, and Bridgeport Branch Medical Clinics.

- Naval Hospital Camp Pendleton provides postgraduate education and training to Navy physicians and dentists in residency and fellowship medical training, postdoctoral training in temporomandibular disorders, advanced clinical programs and physician GME programs.

- The Sports Medicine Department provides outpatient services to CHAMPUS eligible retired military and/or civilian dependents. Services provided include, but are not limited to: evaluation and rehabilitation services for musculoskeletal injuries; post-operative rehabilitation; on-site exercise testing and exercise prescriptions. The Department also supports the Command's Health Promotion Program through adjunctive services designed to encourage wellness, promote individual fitness and minimize disability. Graduate Medical Education is offered for residents training in Family Practive, Pediatrics, Internal Medicine and fellows in Adolescent and Sports Medicine. An active duty Sports Medicine Clinic is being developed through a joint effort with the Department of Orthopedics.

- The Naval Alcohol Rehabilitation and Education Department (NARED) provides inpatient care relative to the examination, diagnosis, treatment and disposition of active duty uniform service personnel, their dependents, and retirees suffering from various addictions. The department provides inpatient and outpatient counseling and group therapy; information regarding civilian agencies for treatment; provides addiction related therapy sessions and coordinates with the local chapters of the 12 Step programs. Conducts education for drug and alcohol abuse awareness, as well as abuse awareness of other psychoactive substances.

Revised pg

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
STUDENT ADMIN CO SCHOOL OF INFANTRY	33353	MCB CAMPEN	1523
HQ BN	11001	1ST MARDIV	1422
1STBNN 4TH MAR	11120	1ST MARDIV	1221
2D BN 5TH MAR	11170	1ST MARDIV	1215
HQ AND SUPPORT BN	33060	MCB CAMPEN	1166
3D BN 5TH MAR31STMEU	11180	1ST MARDIV	1153
H&SBN 1ST FSSG	28301	1ST FSSG	1124
3D BN 1ST MAR	11130	1ST MARDIV	1019
1ST SUPBN 1ST FSSG	28310	1ST FSSG	1014
7TH ENGRSPT BN	21300	1ST FSSG	977
NAVAL HOSPITAL CAMP PENDLETON	68094	NAVAL HOSPITAL CAMP PENDLETON	928
1ST MAINTEN 1ST FSSG	28321	1ST FSSG	902
BLT 2/9	13220	1ST MARDIV	892
H&S CO 1ST SRI GROUP	20371	1ST SRI GROUP	873

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
MAR DIV FORCES HQ Bn		**MCB CAMPEN Maneuver Units**	**1,175**
1st MAR	**20371**		**275**
1/1	**NA**		**998**
1/4	**NA**		**998**
3/1	**NA**		**998**
1/9	**NA**		**998**
5th MAR	**NA**		**275**
1/5	**NA**		**998**
2/5	**NA**		**998**
3/5	**NA**		**998**
2/9	**NA**		**998**
3/9	**NA**		**998**
11th MAR	**NA**		**343**
1/11	**NA**		**619**

Rev Sid pg

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UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
1STBN 1STMAR	11110	1ST MARDIV	832
9TH COMM BN	21670	1ST SRI GROUP	803
3RD ASLT AMPHIB BN	21820	1ST MARDIV	785
1ST BN 5TH MAR	11160	1ST MARDIV	686
1ST BN 9TH MAR	13210	1ST MARDIV	677
SCHOOL OF INFANTRY (SOI)	33350	MCB CAMPEN	671
3DBN 9THMAR	13230	1ST MARDIV	658
1ST CBTENGR BN	11400	1ST MARDIV	650
1ST LANDING SUPPORT BN 1ST FSSG	28370	1ST FSSG	606
1ST LIGHT ARMORED RECON BN	11700	1ST MARDIV	598
7TH MT BN 1ST FSSG	28280	1ST FSSG	596
MALS 39 MAG 39	01158	3RD MAW	575
5THBN 11THMAR	11340	1ST MARDIV	561
FREST (INSTRUCTOR)	01303	3RD MAW	533

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
MARINE DIV FORCES		**Maneuver Units**	
2/11	**NA**		**619**
5/11	**NA**		**763**
1st CEB	**NA**		**887**
1st RECON	**NA**		**956**
3s4	**NA**		**998**
3rd AABn	**NA**		**1,151**
1st MARRECON	**NA**		**99**
5th MARRECON	**NA**		**99**
MCB CAMPEN TOTAL			**17,241**
7th MAR	**NA**		**331**
1/7	**NA**		**998**
2/7	**NA**		**998**
3/7	**NA**		**998**

Revised pg

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UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
SECURITY BN	33120	MCB CAMPEN	515
1ST BN 11THMAR	11310	1ST MARDIV	491
SEPARTION CO HQ SUPPORT BN	33149	MCB CAMPEN	440
WPNS TRNG BN MCRDEP EDSON RANGE	33710	MCB CAMPEN 31 AREA	406
MCSFCO	53027	OTHER	391
HQ CO 5TH MAR	11154	1ST MARDIV	390
MWSS 372 MWSG 37	00372	3RD MAW	361
HQ CO 1ST MAR	11104	1ST MARDIV	351
HQ BTRY 11TH MAR	11303	1ST MARDIV	342
1ST MED BN	28290	1ST FSSG	318
2ND BN 11TH MAR	11320	1ST MARDIV	294
PERS UNIT SCHOOLS CO SCHOOLS BN	33818	MCB CAMPEN	287
MARINE CORPS DETACHMENT	54060	OTHER	279
HQ 3D LAAD BN 3D MAW	00930	3RD MAW	266

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
1st TK Bn	NA		788
3rd LAI Bn	NA		956
3d AA Bn	NA		261
29 Palms Inclusive TOTAL	NA		22,571
FORCE SERVICE GROUP FORCES (endstrength)		Units	
H&S	NA		1,615
Maintenance	NA		1,711
Supply	NA		1,290
Engineering	NA		1,378
LSB	NA		945
Motor T	NA		945
Medical	NA		239
Dental	NA		5
TOTAL			8,128

Revised pg

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UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
MARCORPS TACTICAL SYS SPT ACT	30425	OTHER	262
LFTCPAC CORONADO CALIF	56001	OTHER	251
CCO USS OGDEN	56001	OTHER	251
MSSG 15	28392	1ST FSSG	250
MSSG 11	28390	1ST FSSG	249
HMLA 267 MAG-39	01267	3RD MAW	245
HMLA 169 MAG-39	01173	3RD MAW	244
MSSG 13	28391	1ST FSSG	229
H&HS MCAS	02208	MCAS CAMPEN	212
SCHOOLS CO SCHOOLS BN	33808	MCB CAMPEN	202
MATSG	06015	OTHER	199
PASD MAG-39	00039	3RD MAW	194
1ST ANGLICO 1ST SRI GROUP	21610	1ST SRI GROUP	193
MACS-1 MACG-38	00971	3RD MAW	174

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
MARINE AIRCRAFT WING FORCES (endstrength)		**ACE Units**	
H&HS	**NA**		**155**
MWSS-372	**NA**		**490**
MATCS-38	**NA**		**60**
MAG-39 (H&S)	**NA**		
MALS-39	**NA**		**799**
MALS-39 PDR	**NA**		
HMT-303	**NA**		**242**
HMM-(VMO-2)	**NA**		**224**
HMM-(MASS-2)	**NA**		**216**
HMLA-169	**NA**		**305**
HMLA-267	**NA**		**310**
HMLA-367	**NA**		**249**
HMLA-(MACS-1)	**NA**		**175**

Revised pg

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UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
MASS-3 HQ MACG 38	00830	3RD MAW	166
HMLA 369 MAG 39	01369	3RD MAW	162
HMLA-367 MAG-38	01367	3RD MAW	158
CE, 11TH MEU	20177	IMEF	157
MATSG	06041	OTHER	157
15TH MEU	20310	IMEF	155
SU1 HQCO HQBN	41002	1ST MARDIV	151
1ST FORCE RECON CO 1ST SRI GROUP	28350	1ST SRI GROUP	132
HQ 13TH MEU FMF	20173	IMEF	130
MAG-46 DET B 4TH MAW	03021	OTHER	130
1ST DENTAL BN	28380	1ST FSSG	88
NAVAL DENTAL CENTER	62594	MCB CAMPEN	88
MAG-46 DET C 4TH MAW	03041	MARRESFOR	80
MAD	06117	OTHER	75

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
MARINE AIRCRAFT WING FORCES (ENDSTRENGTH) CONT'D		**ACE Units**	
NAESU	**NA**		**4**
AH-1W TSSA	**NA**		
HMLA-(R)	**NA**		
TOTAL			**3229**
MARINE CORPS BASE UNITS (endstrength)		**Base Units**	
H&S Bn	**NA**		**849**
Security Bn	**33120**		**406**
School of Infantry	**33350**		**534**
SCOLS	**NA**		**331**
Reserve Support Unit	**NA**		**9**
MWTC *	**NA**		
Total			**2,129**

*** MWTC Population reported separately.**

Revised pg

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
MATCS-38. DET C MACG-38	01293	3RD MAW	73
4TH LAAM BN 4TH MAW	03040	OTHER	73
MARINE CORPS DETACHMENT	54071	OTHER	69
SUB UNIT 1 SCTY BN	33124	MCB CAMPEN	60
4TH LAAM BN DET MARRESFOR	03030	OTHER	56
I&I STF 23D MAR/HQCO 23D MAR	87195	OTHER	53
SU1 1ST FSSG	68302	1ST FSSG	51
I-I STF 5THBN 14THMAR/HQBTRY /3D CAG	87230	OTHER	47
RESERVE SUPPORT UNIT	33103	MCB CAMPEN	47
I&I STF 1ST BN 14TH MAR	87191	OTHER	42
NAVAL HOSPITAL CAMP PENDLETON TRAINING COMMAND	48458	NAVAL HOSPITAL CAMP PENDLETON	42
I&I 4TH LSBN 4TH FSSG	87229	OTHER	39
MARINE DETACHMENT	50074	OTHER	34
MARINE DETACHMENT	50095	OTHER	34

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UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
OTHER MARINE CORPS AND NAVY TENANT UNITS (endstrength)		**Tenant Units**	
ACU-5	**46587**	**31 Area**	**650**
FASMO	**NA**		**22**
Fleet Hospital	**46488**		**46**
MCAAT	**NA**		**11**
MCTSSA *	**30425**	**31 Area**	**210**
WFT Bn	**33710**	**31 Area**	**407**
MCNAFAS	**NA**		**22**
Food Service MLT TM	**NA**		**6**
Naval Hospital	**68094**		**778**
Dental	**62594**	**13 Area**	**88**
Total			**2,240**

*** With contractor personnel MCTSSA personnel loading is 748**

Revised pg

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UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
MARINE DETACHMENT	50075	OTHER	33
MARINE DETACHMENT	50093	OTHER	32
DEPMEDS FH 1&2	46865	NAVAL HOSPITAL CAMP PENDLETON	32
MARINE DETACHMENT	50099	OTHER	31
I&I 6TH BULK FUEL CO 6TH ENGRSPTBN	87243	OTHER	30
I&I STF DET 4TH FORCE RECON CO 4TH MARDIV	87237	OTHER	25
I&I STF B&POPCO/4LSBND ET2/HQSVCO/BN	87247	OTHER	23
I&I STF 1/3D LNGSHRMANPLT 1STB&P OPSCO	87227	OTHER	21
PERSONNEL SUPPORT DETACHMENT (PSD)	43118	NAVAL HOSPITAL CAMP PENDLETON	19
DEPMEDS FH-6	47544	NAVAL HOSPITAL CAMP PENDLETON	17
I&I STF BULK FUEL CO 6TH ENGSPTBN	87263	OTHER	17

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

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2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
I&I STF CO C (REIN) 4THTKBN FMFUSMCR	87296	OTHER	16
I&I STF CO A 6TH ENGRSPTBN	87242	OTHER	15
I&I STF CO B 4TH RECON BN 4TH MARDIV	87248	OTHER	15
I&I STF MTMAINTCO 4THMNBN	87262	OTHER	15
I&I STF BTRY B 1ST BN 14THMAR 4THMARDIV	87232	OTHER	14
I&I STF CO C 4TH LAI BNMCRTC	85240	OTHER	14
I&I STF CO F 2DBN 23RD MAR	87238	OTHER	13
I&I STF CO E	87225	OTHER	13
I&I STF 3D&4TH BULK FUEL PLT 5TH BULK FUEL CO	87281	OTHER	12
I&I STF 6TH BRIDGE CO 6TH ENGRSPTBN	87244	OTHER	11

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

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2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
FIELD MEDICAL SERVICE SCHOOL	33950	MCB CAMPEN	10
I&I STF LDGSPT CO	87226	OTHER	10
CASUAL/TRANSIENT SEC	53002	OTHER	09
1ST FSSG	46621	MCB CAMPEN	03

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.
SOURCE: Manpower Info Systems Support (MISSO) MISSO BASE POP REPORT OF 07/06/94, AND NAVAL HOSPITAL, CAMP PENDLETON STANDARD PERSONNEL MANAGEMENT SYSTEM (SPMS) REPORT OF 07/28/94.

3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	3948	104771	4.4	48.7
ACTIVE DUTY NON N/MC	66	1703	2.7	.4
TOTAL ACTIVE DUTY	4014	106474		49.1
FAMILY OF AD	3920	137150	2.7	28.8
RETIRED AND FAMILY MEMBERS UNDER 65	772	26210	3.9	8.3
RETIRED AND FAMILY MEMBERS OVER 65	616	23920	3.4	5.8
OTHER	28	10932	2.8	.2
TOTAL	9350	304686		92.2

NOTES & REMARKS:

- **Newborns are included in Family of Active Duty.**
- **FY-94 Projection outpatient visits are based from the 1st two quarters of outpatient visits workload of FY-94.**
- **Retirees that are less than 65 and those that are 65 or greater was based on RAPS data.**

What is your occupancy rate for FY-1994 to date? 77%

ENCLOSURE (1)

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3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	4014	106482	4.4	49.2
ACTIVE DUTY NON N/MC	NA	NA	NA	NA
TOTAL ACTIVE DUTY	4014	106482		49.2
FAMILY OF AD	3920	137150	2.6	28.8
RETIRED AND FAMILY MEMBERS UNDER 65	1388	50122	3.6	14.2
RETIRED AND FAMILY MEMBERS OVER 65	NA	NA	NA	NA
OTHER	28	10934	3.0	.2
TOTAL	9350	304688		92.4

NOTES & REMARKS:

Newborns are included in Family of Active Duty.
FY-94 Projection outpatient visits are based from the 1st two quarters of outpatient visits workload of FY-94
Active Duty Non-Military data could not be obtained.
NA - Unable to identify.

What is your occupancy rate for FY-1994 to date? 77%

4. Projected Workload. Complete the following tables for your projected workload. Please show and develop any assumptions and calculations used to complete the table. Be sure to note any impact prior closure and realignment decisions have had on your facility. Please be sure to include any impact your participation in the managed care initiative (TRICARE), previous BRAC actions, and force structure reductions will have on your workload.

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	311648	308136	323108	324918	326616	See remarks	See remarks
ADMISS.	9294	9190	9636	9669	9741	See remarks	See remarks

Please show all assumptions and calculations in the space below:

Notes and Remarks:

FY92, FY93 and Projected FY94 workload was compared to RAPS data for our catchment area during those respective time-frames. The average percentage was then applied to each subsequent FY's RAP population to project workload for 1995-1999. (RAPS data is not available beyond 1999.)

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4. Projected Workload. Complete the following tables for your projected workload. Please show and develop any assumptions and calculations used to complete the table. Be sure to note any impact prior closure and realignment decisions have had on your facility. Please be sure to include any impact your participation in the managed care initiative (TRICARE), previous BRAC actions, and force structure reductions will have on your workload.

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	311318	307809	322764	324574	326270	See remarks	See remarks
ADMISS.	8901	8801	9229	9280	9329	See remarks	See remarks

Please show all assumptions and calculations in the space below:

Notes and Remarks:

FY92, FY93 and Projected FY94 workload was compared to RAPS data for our catchment area during those respective time-frames. The average percentage was then applied to each subsequent FY's RAP population to project workload for 1995-1999. (RAPS data is not available beyond 1999.)

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5. Medical Support. Indicate in the table below all the medical support you provide that is not direct patient care, and identify the time spent providing such support (i.e. food service inspections, medical standby for physical fitness tests, flight operations, field training,rifle range, MWR support for sporting events, etc.).

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
PRT Testing	**4wks/bi-annualy**	**1per25 tested**
Hearing Conservation:		
Site Visits to clinics-Health Record Audit	**03 days**	**1**
Tech Training	**01 day**	**2**
Hearing Conserv. Class	**40 hours**	**6**
HCP Training	**02 hours**	**1**
Preventive Medicine:		
Conduct sanitation insp.	**32 days**	**3**
Collect water/ice samples **Pneumonia Surveillance**	**12 days** **18 hrs**	**1** **2**

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Conduct Tick Surveys (Lyme)	**20 hrs/ season**	**1**
Provide TAV's to br clinics	**09 days**	**3**
Provide TAV's to BAS's	**36 days**	**1**
Conduct swimming pool insp	**21 hours**	**1**
Conduct comm. disease lectures	**06 days**	**1**
Inspect base horse stables	**03 hours**	**1**
Inspect on-base child care homes	**90 hours**	**1**
Inspect base trailer park	**03 hours**	**2**
Inspect beach facilities	**12 hours**	**2**

5. Medical Support. Indicate in the table below all the medical support you provide that is not direct patient care, and identify the time spent providing such support (i.e. food service inspections, medical standby for physical fitness tests, flight operations, field training,rifle range, MWR support for sporting events, etc.).

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
PRT Testing	**4wks/bi-annualy**	**1per25 tested**
Hearing Conservation:		
Site Visits to clinics	**02 days**	**2**
Tech Training	**01 day**	**2**
Hearing Conserv. Class	**40 hours**	**6**
HCP Training	**02 hours**	**1**
Preventive Medicine:		
Conduct sanitation insp.	**36 days**	**3**
Collect water/ice samples **Pneumonia Surveillance**	**24 days** **18 hrs**	**1** **2**

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Conduct Tick Surveys (Lyme)	**20 hrs/ season**	**1**
Provide TAV's to br clinics	**09 days**	**3**
Provide TAV's to BAS's	**36 days**	**1**
Conduct swimming pool insp	**42 hours**	**1**
Conduct comm. disease lectures	**06 days**	**1**
Inspect base horse stables	**03 hours**	**1**
Inspect on-base child care homes	**27 hours**	**1**
Inspect base trailer park	**12 hours**	**2**
Inspect beach facilities	**12 hours**	**2**

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NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Inspect base recreation areas	06 hours	2
Conduct Prev Med Training	23 hours	4
Dental: Lectures & Presentations	04 hours	1
Radiology:		
Admin of Dosemitry Program	20 days	2
Admin of exposure records	15 days	1
Radiation health insp of outlying clinics	05 days	1
Radiation health tech assist visits	05 days	1
Outreach training	03 days	1
Inhouse training	06 days	1

NHCP PMD expects to pick up inspections (sanitation) responsibility from El Toro/Tustin in the next 2-3 months. There are 23/mo inspections at El Toro and 12/mo inspections at Tustin. El Toro has 52 water samples/mo and Tustin has 10 watser samples/mo.

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Inspect base recreation areas	12 hours	2
Conduct Prev Med Training	24 hours	4
Dental: Lectures & Presentations	04 hours	1
Radiology:		
Admin of Dosemitry Program	20 days	2
Admin of exposure records	15 days	1
Radiation health insp of outlying clinics	05 days	1
Radiation health tech assist visits	05 days	1
Outreach training	03 days	1
Inhouse training	06 days	1

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Physical Therapy Department:		
Provide back injury/sp med lectures	**04 hours**	**1**
MCB Health Fair	**8 hrs/yr**	**1-2**
Industrial Hygiene:		
Conducts asbestos surveys, noise surveys, non-ionizing radiation surveys; responds to chemical emergencies; conducts air sampling; presents consultation lectures on IH matters; conducts IH surveys of all base commands (except 1st FSSG) which includes Naval Weapons Station, MCAS El Toro, MCLB Barstow, MCAS Yuma, Bridgeport and Camp Pendleton.	**Fulltime**	**13**
Lectures and course presentations	**04 hours**	**1**
Occ Safety & Health	**Full time**	**4**
Environmental Protection	**Full time**	**1**

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Family Practice:		
Patient Education Classes (Prenatal; diabetes)	**8 hrs/mo**	**1-2**
Residents and staff teaching school classes	**9 hrs/mo**	**1-2**
PRT Coordinator	**10 hrs 2x/yr**	**3**
TQL working groups/PATs/facilitators	**1 hr/wk**	**11**
Teaching ACLS/PALS	**16 hrs/qtr**	**12**
Precepting/lecturing/faculty/rotation coordinator	**6 hrs/wk**	**11**
Triage F.P.C.	**9 hrs/day**	**1**
OB Registration	**10 hrs/wk**	**1-2**

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Command Committees, Dept liaison	**1 hr/mo 1 hr/wk**	**11 Res 11 Staf**
Typing fitreps, pt letters, recommendations, staff awards, evals	**80 hrs/qtr**	**11**
Medical record reviews	**3 hrs/wk**	**11**
Obtaining results of labs, x-rays	**3 hrs/wk**	**50**
Attending lectures	**2 hrs/day**	**50**
Participating in health fairs	**6 hrs 2x/yr**	**2-6**

6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
Family Practice	31	37	39	39	39	39	39	39
Sports Medicine **	2	2	2	2	2	2	2	2
Podiatry **	3	1	1	1	1	1	1	1
Physician Assistant Program **	12	12	12	12	12	12	12	12
OR Nurse	13	20	20	20	20	20	20	20
Physical Therapy Technicians	6	6-9	6-9	6-9	6-9	6-9	6-9	6-9
LVN Students **	30	30	45	45	45	45	45	45
Emergency Medicine Technicians	216	216	216	216	216	216	216	216
Optometry **	4	4	4	4	4	4	4	4
General Practice Residency in Dentistry	4	4	4-5	4-5	4-5	4-5	4-5	4-5

**** Rotation offered at this facility for programs based elsewhere.**

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6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
Family Practice	36	36	36	36	36	36	36	36
Sports Medicine **	0	1	1	2	2	2	2	2
Podiatry **	2	2	1	1	1	1	1	1
Physician Assistant Program **	12	13	12	12	12	12	12	12
OR Nurse	20	20	20	20	20	20	20	20
Physical Therapy Technicians	6	10	10	12	12	12	12	12
LVN Students **	30	30	45	45	45	45	45	45
Emergency Medicine Technicians	216	216	216	216	216	216	216	216
Optometry **	4	4	4	4	4	4	4	4
General Practice Residency in Dentistry	4	4	4-5	4-5	4-5	4-5	4-5	4-5

**ROTATION OFFERED AT THIS FACILITY FOR PROGRAMS BASED ELSEWHERE.

6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
Nursing Service: Intravenous Therapy	20	20	20	20	20	20	20	20
Family Advocacy Training	140	140	140	140	140	140	140	140
HIV/AIDS	720	720	720	720	720	720	720	720
ACLS-Advanced Cardiac Life Support-Provider	125	125	125	125	125	125	125	125
ACLS-Advanced Cardiac Life Support-Instructor	20	20	20	20	20	20	20	20
PALS-Pediatric Advance Life Suport-Provider	70	70	70	70	70	70	70	70
PALS-Pediatric Advance Life Support-Instructor	10	10	10	10	10	10	10	10
Basic Life Support "C" /"B"	400/ 90	400/ 90	400/ 90	400/ 90	400/ 90	400/ 90	400/ 90	400/ 90
Emergency Vehicle Operator Course	133	133	133	133	133	133	133	133
Follow-On Training	200	200	200	200	200	200	200	200

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Hospital Corpsman Inservice	750	750	750	750	750	750	750	750
Command Orientation	720	720	720	720	720	720	720	720
Navy Rights and Responsibilities	420	420	420	420	420	420	420	420
Navy Rights and Responsibilities Update	800	800	800	800	800	800	800	800

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6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
Total Quality Leadership Awareness	**165**	**165**	**165**	**165**	**165**	**165**	**165**	**165**
Team Approach	**720**	**720**	**720**	**720**	**720**	720	720	720
Annual Update Fire, Safety, Infection Control	**1400**	**1400**	**1400**	**1400**	**1400**	**1400**	**1400**	**1400**
Petty Officer Indoctrination	**40**	**40**	**40**	**40**	**40**	**40**	**40**	**40**
Chief Petty Officer Indoctrination	**20**	**20**	**20**	**20**	**20**	**20**	**20**	**20**
Sexual Harrassment, EEO, Fratination	**800**	**800**	**800**	**800**	**800**	**800**	**800**	**800**
***Southern Illinois University**	**40**	**40**	**40**	**40**	**40**	**40**	**40**	**40**

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Patient Education:								
Diabetes	180	180	180	180	180	180	180	180
Tobacco	120	120	120	120	120	120	120	120
Asthma	60	60	60	60	60	60	60	60
Respiratory	60	60	60	60	60	60	60	60
Community Wellness	100	100	100	100	100	100	100	100
Tobacco Cessation Facilitator	48	48	48	48	48	48	48	48
Emergency Medical	50	50	50	50	50	50	50	50
General Military Training	800	800	800	800	800	800	800	800

* Rotation offered at this facility for programs based elsewhere.

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6a. Graduate Medical Education. Complete the following table for each Graduate Medical Education program that requires accreditation by the Accreditation Council for Graduate Medical Education (ACGME):

PROGRAM	STATUS[1]	CERT.[2]	COMMENTS[3]
Family Practice	**F**	**100%**	
General Practice Residency in Dentistry	**F**	**N/A**	

[1] Use F for fully accredited, P for probation, and N for not accredited.
[2] List the percentage of program graduates that achieve board certification.
[3] Complete this section for all programs that you entered a P or N in the Status column. Indicate why the program is not fully accredited and when it is likely to become fully accredited.

ADDITIONAL TRAINING PROGRAMS

TRAINING PROGRAM	NUMBER TRAINED ANNUALLY
Nursing Service: Intravenous Therapy	20
Family Advocacy Training	140
HIV/AIDS	720
ACLS- Advanced Cardiac Life Support-Provider	125
ACLS- Advanced Cardiac Life Support-Instructor	20
PALS- Pediatric Advance Life Support-Provider	70
PALS- Pediatric Advance Life Support-Instructor	10
Basic Life Support "C" / "B"	400/90
Emergency Vehicle Operator Course	132
Follow-On Training	200
Hospital Corpsman Inservice	750
Command Orientation	720
Navy Rights and Responsibilities	420
Navy Rights and Responsibilities Update	800
Total Quality Leadership Awareness	315
Team Approach	720
Annual Update Fire, Safety, Infection Control	1400
Petty Officer Indoctrination	40
Chief Petty Officer Indoctrination	20
Sexual Harrassment, EEO, Fratination	800
*Southern Illinois University	40
Patient Education: Diabetes	180
Tobacco	120
Asthma	60
Respiratory	60
Community Wellness	100
Tobacco Cessation Facilitator	48
Emergency Medical Technition-Refresher	50
General Military Training	800

* Rotation offerred at this facility for programs based elsewhere.

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FACILITIES

7. Facilities Description. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Medical Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
730-81	Navy Addictions Rehabilitation & Education Dept., H-49	16,665	51	A
510-77 441-30	H-53 Hospital/Medical Storage (misc)	23,400	51	I
740-88	H-62 Boy Scout Center	1,102	48	I
740-89	H-63 Bath House	3,200	48	S

[1] Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

[2] This should be based on NAVFACINST 11011.44E Shore Facilities Planning Manual and the condition recorded should be recorded as Adequate, Substandard, or Inadequate. Chapter 5 of NAVFACINST 11011.44E provides guidance on this scoring system.

7.a. 510-77 (H-53) - Action has been taken to turn this building over to MCB. H-53 is no longer used by Naval Hospital and may be in use by MCB (Bldg 2612). We must carry the building until the finalized paperwork is received.

740-89 (H-63) - Due to the "mothballing" of H-64 Swimming Pool, H-63 is not being used as a bath house. It will be used by the NARED staff for people in their program.

7a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

1. Facility Type/Code:
2. What makes it inadequate?
3. What use is being made of the facility?
4. What is the cost to upgrade the facility to substandard?
5. What other use could be made of the facility and at what

FACILITIES

7. Facilities Description. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Medical Clinic):

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1. Facility Type/Code:
2. What makes it inadequate?
3. What use is being made of the facility?
4. What is the cost to upgrade the facility to substandard?

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cost?

6. Current improvement plans and programmed funding:

7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?

FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
750-30	H-64 Outdoor Swimming Pool	N/A	48	A
750-10	H-69 Tennis Courts	2 each	39	S
750-10	H-72 Basketball Court	N/A	39	S

750-30 (H-64 - Outdoor Swimming Pool) will be "mothballed". Personnel do not use and costs are too great to maintain an empty pool.

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
740-43	H-93 Gymnasium	1,728	44	S
740-43	H-94 Recreation Center Gym/Rec Room	4,100	27	S
740-37	Special Services Issue Office	1,500	27	S
171-45	H-95 EMT Training	5,600	27	A

5. What other use could be made of the facility and at what cost?
6. Current improvement plans and programmed funding:
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?

FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
750-30	H-64 Outdoor Swimming Pool	N/A	48	S
750-10	H-69 Tennis Courts	2 each	19	A
750-10	H-72 Basketball Court	N/A	19	A

750-30 (H-64 - Outdoor Swimming Pool) will be "mothballed". Personnel do not use and costs are too great to maintain an empty pool.

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
740-43	H-93 Gymnasium	1,728	44	S
740-43	H-94 Recreation Center Gym/Rec Room	4,100	27	S
740-37	Special Services Issue Office	1,500	27	S
171-45	H-95 EMT Training	5,600	27	A

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FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
721-11	H-96 BEQ E1/E4	37,290	21	A
833-10	H-98 Incinderator, Exterior	N/A	20	I
890-09	Hosp Serv Bldg/Util 2-00170, H-99	11,483	20	A
	H-100 Naval Hospital, Camp Pendleton-Hospital		20	A

833-10 (H-98) Facility is no longer required and is to be demolished. All parts to be removed as Hazardous Waste. Ground around the incinerator will be tested and appropriate action taken to clean up, if deemed necessary.

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
117-17	TV Center/Instruction Matter	286	20	A
540-10	Dental Clinic	5,775	20	A
610-10	Personnel Support Acty Detachment	2,700	20	A
610-20	Data Processing Center	2,200	20	A

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
730-83	Chapel	3,100	20	A
730-85	Post Office	350	20	A
740-01	Exchange Retail Store	1,745	20	A
740-04	Exchange Cafeteria	1,916	20	A

FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
721-11	H-96 BEQ E1/E4	37,290	21	A
833-10	H-98 Incinderator, Exterior	N/A	20	I
890-09	Hosp Serv Bldg/Util 2-00170, H-99	11,483	20	S
	H-100 Naval Hospital, Camp Pendleton-Hospital		20	S

833-10 (H-98) Facility is no longer required and is to be demolished. All parts to be removed as Hazardous Waste. Ground around the incinerator will be tested and appropriate action taken to clean up, if deemed necessary.

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
117-17	TV Center/Instruction Matter	286	20	S
540-10	Dental Clinic	5,775	20	S
610-10	Personnel Support Acty Detachment	2,700	20	S
610-20	Data Processing Center	2,200	20	S

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
730-83	Chapel	3,100	20	S
730-85	Post Office	350	20	S
740-01	Exchange Retail Store	1,745	20	S
740-04	Exchange Cafeteria	1,916	20	S

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FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
740-09	Exchange Service Outlet	609	20	A
740-19	Credit Union	375	20	A
740-25	Family Services Center (misc)	688	20	A
740-76	Library	1,026	20	A

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
740-88	Education Services Office	9,494	20	A
510-10	Hospital	397,694	20	A
	TOTAL H-100	427,958		
111-20 136-10 136-65	H-101 Pad Helicopter Landing	1,964	20	A

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
821-60	H-102, 30 Day Standby Fuel Storage	N/A	19	A
730-81	H-103 CHAMPUS	2,255	19	A
412-45	H-104 Misc Liquid Storage, (Lox-Breath-Oxygen)	N/A	20	A
811-60	H-105 Stand-by Generator Plant	N/A	20	A

821-60 (H-102) Facility no longer required. Under contract to be removed 1994 through a MCB, Camp Pendleton contract.

FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
740-09	Exchange Service Outlet	609	20	S
740-19	Credit Union	375	20	S
740-25	Family Services Center (misc)	688	20	S
740-76	Library	1,026	20	S

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
740-88	Education Services Office	9,494	20	S
510-10	Hospital	397,694	20	S
	TOTAL H-100	427,958		
111-20 136-10 136-65	H-101 Pad Helicopter Landing	1,964	20	A

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
821-60	H-102, 30 Day Standby Fuel Storage	N/A	19	A
730-81	H-103 CHAMPUS	2,255	19	A
412-45	H-104 Misc Liquid Storage, (Lox-Breath-Oxygen)	N/A	20	A
811-50	H-105 Stand-by Generator Plant	N/A	20	A

821-60 (H-102) Facility no longer required. Under contract to be removed 1994 through a MCB, Camp Pendleton contract.

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FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
823-20	H-106 Gas Storage Tank (Propane)	N/A	18	A
441-30	H-107 Flamable Store House	100	16	I
821-60	H-108 Heating Fuel Oil Storage for H-99	N/A	20	A
821-60	H-114 Dist Htg Oil Storage/BEQ-H-96	NA	19	A

821-60 (H-108 - Fuel Tanks) are now in use, but are scheduled to be removed in 1995 and replaced with new above ground tanks through a MCB, Camp Pendleton contract.

821-60 (H-114) Facility no longer required. Under contract for removal 1994 through a MCB, Camp Pendleton contract.

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
821-60	H-115 Heating Fuel Oil Storage for H-94	N/A	19	A
821-60	H-116 Heating Fuel Oil Storage	N/A	19	A
821-60	H-117 Distillate Heat Oil Storage	N/A	19	A
124-50	H-118 Motor Gasoline Storage	N/A	51	I

821-60 (H-115) is in use and operational. It is scheduled to be removed not later than 1998 and a new tank installed.

821-60 (H-116) and (H-117) are no longer required. Under contract to be removed 1994 through a MCB, Camp Pendleton contract.

124-50 (H-118) is no longer required. Under contract to be removed 1994 through a MCB, Camp Pendleton contract.

FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
823-20	H-106 Gas Storage Tank (Propane)	N/A	18	A
441-30	H-107 Flamable Store House	100	16	A
821-60	H-108 Heating Fuel Oil Storage for H-99	N/A	20	A
821-60	H-114 Dist Htg Oil Storage/BEQ-H-96	NA	19	A

821-60 (H-108 - Fuel Tanks) are now in use, but are scheduled to be removed in 1995 and replaced with new above ground tanks through a MCB, Camp Pendleton contract.

821-60 (H-114) Facility no longer required. Under contract for removal 1994 through a MCB, Camp Pendleton contract.

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
821-60	H-115 Heating Fuel Oil Storage for H-94	N/A	19	A
821-60	H-116 Heating Fuel Oil Storage	N/A	19	A
821-60	H-117 Distillate Heat Oil Storage	N/A	19	A
124-50	H-118 Motor Gasoline Storage	N/A	51	I

821-60 (H-115) is in use and operational. It is scheduled to be removed not later than 1998 and a new tank installed.

821-60 (H-116) and (H-117) are no longer required. Under contract to be removed 1994 through a MCB, Camp Pendleton contract.

124-50 (H-118) is no longer required. Under contract to be removed 1994 through a MCB, Camp Pendleton contract.

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FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
411-82	H-119 Contaminated Fuel Storage	N/A	51	I
690-10	H-121 Flagpole/Billboard Marker	55	20	A
821-09	H-123 Heating Plant Bldg by H-94/95	476	19	I
821-09	H-124 Heating Plant for H-49	280	19	A

411-82 (H-119) Facility no longer used. Under contract to be removed 1994 through a MCB, Camp Pendleton contract.

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
813-20	H-125 Substation	N/A	20	A
441-30	H-127 Hazardous/Flammable Storage	100	15	I
750-20	H-128 Softball Field	N/A	14	A
730-66	H-129 Bus Shelter, BEQ, H-96	72	13	A

FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
411-82	H-119 Contaminated Fuel Storage	N/A	51	I
690-10	H-121 Flagpole/Billboard Marker	55	20	A
821-09	H-123 Heating Plant Bldg by H-94/95	476	19	A
821-09	H-124 Heating Plant for H-49	280	19	A

411-82 (H-119) Facility no longer used. Under contract to be removed 1994 through a MCB, Camp Pendleton contract.

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
813-20	H-125 Substation	N/A	20	A
441-30	H-127 Hazardous/Flammable Storage	100	15	A
750-20	H-128 Softball Field	N/A	14	A
730-66	H-129 Bus Shelter, BEQ, H-96	72	13	A

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FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
730-66	H-130 Bus Shelter, South	81	13	A
730-66	H-131 Bus Shelter, North	81	13	A
750-20	H-132 Soccer Field	N/A	16	A
740-84	H-134 Racquetball Court	1,764	8	A

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
510-77	H-135 Medical Storage	61,600	3	A
219-77	H-136 Public Works	10,400	3	A
843-20	H-137 Fire Pump House	N/A	3	A

7b. Capital Improvement Expenditures. List the project number, description, funding year, and value of the **capital improvements at your facility completed (beneficial occupancy) during 1988 to 1994.** Indicate if the capital improvement is a result fo BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
R1-89	Renovate Building-Upgrade for ARD H-49	93	784K
CR2-88	Alter/Repair Med Tech Training School H-95	94	275K
R2-87	Repair Bachelors Quarters H-96 (87-2380	89	794K

FACILITIES

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
730-66	H-130 Bus Shelter, South	81	13	A
730-66	H-131 Bus Shelter, North	81	13	A
750-20	H-132 Soccer Field	N/A	16	A
740-84	H-134 Racquetball Court	1,764	8	A

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
510-77	H-135 Medical Storage	61,600	3	A
219-77	H-136 Public Works	10,400	3	A
843-20	H-137 Fire Pump House	N/A	3	A

7b. Capital Improvement Expenditures. List the project number, description, funding year, and value of the **capital improvements at your facility completed (beneficial occupancy) during 1988 to 1994.** Indicate if the capital improvement is a result fo BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
R1-89	Renovate Building-Upgrade for ARD H-49	93	800K
CR2-88	Alter/Repair Med Tech Training School H-95	94	273K
R2-87	Repair Bachelors Quarters H-96 (87-2380	89	182K

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PROJECT	DESCRIPTION	FUND YEAR	VALUE
R3-89	Replace Cooling Towers H-99	94	446K
C8-85	Fluorescent Ballast Replacement H-100	90	132K

PROJECT	DESCRIPTION	FUND YEAR	VALUE
R1-87	Replace Kathabar System H-100	92	460K
P-961	Fire Protection System (Dampers) H-100	93	1.4M
RC2-87 R1-82	Painting of Bldg H-96 and H-100 (87-2637)	87	38K

PROJECT	DESCRIPTION	FUND YEAR	VALUE
80-074-89	PCB Replacement-Transformer H-125	91	36K

7c. Planned Capital Improvements. List the project number, funding year, and value of the non-BRAC related capital improvements planned for years 1995 through 1997.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-510	Replace Chillers H-99	95	1.28M
C1-94	Construct Additional Parking Lot H-100	97	220K
R5-94	Replace Walk-in Reefers H-100	96	400K

PROJECT	DESCRIPTION	FUND YEAR	VALUE
R1-87	Repair Hospital Elevators H-100	95	527K

PROJECT	DESCRIPTION	FUND YEAR	VALUE
R1-82	**Painting Exterior of H-96 (87-2637)**	**87**	**38K**
R3-89	**Replace Cooling Towers H-99**	**94**	**420K**
C8-85	**Fluorescent Ballast Replacement H-100**	**90**	**130K**

PROJECT	DESCRIPTION	FUND YEAR	VALUE
R1-87	**Replace Kathabar System H-100**	**92**	**460K**
P-961	**Fire Protection System (Dampers) H-100**	**94**	**1.7M**
RC2-87	**Painting of Bldg H-96 and H-100 (87-2637)**	**87**	**38K**

PROJECT	DESCRIPTION	FUND YEAR	VALUE
80-074-89	**PCB Replacement-Transformer H-125**	**91**	**200K**

7c. Planned Capital Improvements. List the project number, funding year, and value of the **non-BRAC related capital improvements planned** for years 1995 through 1997.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-510	**Replace Chillers H-99**	**95**	**1.28M**
C1-94	**Construct Additional Parking Lot H-100**	**97**	**220K**
R5-89	**Replace Walk-in Reefers H-100**	**96**	**165K**

PROJECT	DESCRIPTION	FUND YEAR	VALUE
R1-87	**Repair Hospital Elevators H-100**	**95**	**520K**

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7d. Planned Capital Improvements. List the project number, description, funding year, and value of the **BRAC related capital improvements planned** for 1995 through 1999.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
NONE			

7e. Please complete the following Facility Condition Assessment Document (FCAD) DD Form 2407: Instructions follow the form.

7d. Planned Capital Improvements. List the project number, description, funding year, and value of the **BRAC related capital improvements planned** for 1995 through 1999.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
NONE			

7e. Please complete the following Facility Condition Assessment Document (FCAD) DD Form 2407: Instructions follow the form.

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DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME Naval Hospital, Camp Pendleton, CA				
2. UIC N68094	3. CATEGORY CODE	4. NO. OF BUILDINGS 15		
5. SIZE	A. GSF 427,958	B. NORMAL BEDS		C.DTRS
6. LOCATION	A. CITY Camp Pendleton		B.STATE CA	
7. FACILITY ASSESSMENT				

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	80		20	B20	
(2) ADMINISTRATION	100				
(3)CENTRAL STERILE SVCS.	100				
(4)DENTAL	100				
(5) EMERGENCY SVCS.	90	10		C15	
(6) FOOD SERVICES	85	15		A17	
(7)LABORATORIES	80	20		C01	
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	95	5		C15	
(10) LABOR-DEL-NURSERY	100				
(11) OUTPATIENT CLINICS	50		50	B09	
(12) PHARMACY	100				
(13) RADIOLOGY	95	5		A01	
(14) SURGICAL SUITE	100				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	75	10	15	A12 C10	
(B) HVAC	20	80		A01	
(C) PLUMBING	70	30		A02	
(D) ELECTRICAL SVCS.	75	25		F06	
(E) ELECTRICAL DISTRIBUTION	75	25		F06	

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME Naval Hospital, Camp Pendleton, CA				
2. UIC N68094	3. CATEGORY CODE	4. NO. OF BUILDINGS 15		
5. SIZE	A. GSF 427,958	B. NORMAL BEDS		C.DTRS
6. LOCATION	A. CITY Camp Pendleton		B.STATE CA	
7. FACILITY ASSESSMENT				

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	80		20	B20	
(2) ADMINISTRATION	100				
(3)CENTRAL STERILE SVCS.	100				
(4)DENTAL	100				
(5) EMERGENCY SVCS.	90	10		C15	
(6) FOOD SERVICES	85	15		A17	
(7)LABORATORIES	80	20		C01	
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	95	5		C15	
(10) LABOR-DEL-NURSERY	100				
(11) OUTPATIENT CLINICS	50		50	B09	
(12) PHARMACY	100				
(13) RADIOLOGY	95	5		A01	
(14) SURGICAL SUITE	100				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	75	10	15	A12 C10	
(B) HVAC	20	80		A01	
(C) PLUMBING	70	30		A02	
(D) ELECTRICAL SVCS.	75	25		F06	
(E) ELECTRICAL DISTRIBUTION	75	25		F06	

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(F) EMERGENCY POWER	50		50	C06	C07	

FORM INSTRUCTIONS

1. This form is not intended to be used as detailed engineering evaluation of the condition of the facilities. It is primarily designed to assist in assessing the adequacy and condition of Medical/Dental Facilities. Complete only one form for all of your facilities.

2. The Functions/Systems should be evaluated on a consolidated basis for the entire facility.

3. Not more than 4 deficiencies should be identified in the Deficiency Codes column for each item listed under the Function/System column.

4. Fill in N/A (not applicable) where certain Function/System is not present in the facility. For example, Inpatient Nursing Units and Labor-Delivery-Nursery are not applicable to Clinics.

5. Numbers under % Adequate, % Substandard, % Inadequate must total 100 for each function/System.

6. After completion, the form must be signed by the Commander/Commanding Officer/Officer-in-Charge of the facility.

7. Use DoD Standard Data Element Codes for State when entering codes in item

DEFINITIONS

CATEGORY CODE - Facility Category Code is a numeric code used to identify a particular use of Military Department's real property for Hospital and other Medical Facilities usage (i.e., building, structure or utility). The first three digits of the code are a DoD standard (DoDI 4165.3); the fourth, fifth and sixth (if applicable) digits are added to provide more definitive categorization of the Military Department's facilities.

CONSTRUCTION TYPE - Type is either Permanent, Semi-permanent, or Temporary construction at the time building was built.

% ADEQUATE - Percent Adequate is the capacity of a facility or portion thereof, in percentage form, that is in adequate condition and associated with a designated function (USE). Adequate is defined as being capable of supporting the designated function without a need for capital improvements.

% SUBSTANDARD - Percent Substandard is the capacity of a facility or portion thereof, in percentage form, that is in substandard condition and associated with a designated function (USE). Substandard is defined as having deficiencies which prohibit of severely restrict, or will prohibit or severely restrict within the next five years due to expected deterioration , the use of a facility for its designated function. Substandard is further defined as having deficiencies which can be economically corrected by capital improvements and/or repairs.

% INADEQUATE - Percent Inadequate is the capacity of a facility of portion thereof, in percentage form, that is in inadequate condition and associated with a designated function (USE). Inadequate is defined as having deficiencies due to physical deterioration, functional inadequacy or hazardous location or situation which prohibit or severely restrict, or will prohibit or severely restrict within the next five years, the use of a facility for its designated function. Inadequate is further defined as having deficiencies which cannot be

(F) EMERGENCY POWER	50		50	C06	C07	

FORM INSTRUCTIONS

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4. Fill in N/A (not applicable) where certain Function/System is not present in the facility. For example, Inpatient Nursing Units and Labor-Delivery-Nursery are not applicable to Clinics.

5. Numbers under % Adequate, % Substandard, % Inadequate must total 100 for each function/System.

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% SUBSTANDARD - Percent Substandard is the capacity of a facility or portion thereof, in percentage form, that is in substandard condition and associated with a designated function (USE). Substandard is defined as having deficiencies which prohibit of severely restrict, or will prohibit or severely restrict within the next five years due to expected deterioration , the use of a facility for its designated function. Substandard is further defined as having deficiencies which can be economically corrected by capital improvements and/or repairs.

% INADEQUATE - Percent Inadequate is the capacity of a facility of portion thereof, in percentage form, that is in inadequate condition and associated with a designated function (USE). Inadequate is defined as having deficiencies due to physical deterioration, functional inadequacy or hazardous location or situation which prohibit or severely restrict, or will prohibit or severely restrict within the next five years, the use of a facility for its

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economically corrected to meet the requirements of the designated function.

DEFICIENCY CODE - Code is a three character code indicating the type of deficiency existing in a facility or portion thereof that is in a substandard or inadequate condition and associated with a designated function (USE). The first character of the code indicates one of the six types of deficiencies. The next two characters specify the facility component(s) or related items which are deficient.

(1) Deficient Status of Condition Types - first character
- A - Physical Condition
- B - Functional or Space Criteria
- C - Design Criteria
- D - Location or Siting Criteria
- E - Nonexistence
- F - Total Obsolescence or Deterioration

(2) Facility Components or Related Items - last two characters
- 01 -- Heating, Ventilating and Air Conditioning (HVAC)
- 02 -- Plumbing Fixtures
- 03 -- Fire Protection/Life Safety Code
- 04 -- Medical Gases
- 05 -- Lighting Fixtures
- 06 -- Power Capacity
- 07 -- Emergency Generators
- 08 -- Communications
- 09 -- Building or Structure (total)
- 10 -- Seismic Design
- 11 -- Roof/Ceiling
- 12 -- Building Interior/Configuration
- 13 -- Sound Proofing/Excessive Noise
- 14 -- Compliance of Installation with Master Plan
- 15 -- OSHA Deficiency
- 16 -- JCAH Deficiency
- 17 -- Functionality
- 18 -- Site Location
- 19 -- Mission of the Base
- 20 -- None

designated function. Inadequate is further defined as having deficiencies which cannot be economically corrected to meet the requirements of the designated function.

DEFICIENCY CODE - Code is a three character code indicating the type of deficiency existing in a facility or portion thereof that is in a substandard or inadequate condition and associated with a designated function (USE). The first character of the code indicates one of the six types of deficiencies. The next two characters specify the facility component(s) or related items which are deficient.

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- 14 - Compliance of Installation with Master Plan
- 15 - OSHA Deficiency
- 16 - JCAH Deficiency
- 17 - Functionality
- 18 - Site Location
- 19 - Mission of the Base
- 20 - None

7f. Please provide the date of your most recent Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey and indicate the status of your certification. Also record your Life Safety Management score from that survey.

DATE OF SURVEY: 7/30/92
FULL ACCREDITATION: Yes
LIFE SAFETY MANAGEMENT SCORE: 3 (Record as 1,2,3,4,or 5)

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LOCATION:

8. Geographic Location. How does your geographic location affect your mission? Specifically, address the following:

a. What is the importance of your location relative to the clients supported?

Location is critical to ensure prompt access to care. Naval Hospital, Camp Pendleton and its branch medical clinics are conveniently located near or about close distance to on-base housing. However, clients living off base find it more difficult to reach our services. Distance between the core hospital and any of the base gates range from 10 to 16 miles. (Only 30% of our beneficiaries live on-base).

b. What are the nearest air, rail, sea and ground transportation nodes?

City bus transportation is available to beneficiaries that do not own private vehicles.

Medivac'd patients are flown into Miramar NAS and then transported to the hospital via ambulance or van as indicated.

The closest commercial airport is Palomar, located approximately 30 miles from the hospital.

Amtrack (rail services) is located in the city of Oceanside - 5 miles from the hospital. Amtrack also has a station in San Clemente - 8 miles from the San Onofre Gate

No sea transportation is available to clients.

c. Please provide the distance in miles that your facility is located from any military or civilian airfield that can accommodate a C-9 aircraft.

Distance (in miles): 3

d. What is the importance of your location given your mobilization requirements?

The current Marine Corps Mobilization plan allows increases of personnel loading aboard MCB Camp Pendleton to increase by 750 additional marines per week, up to 15,000 in a 90 day period. Health Care requirements for this increase are best met by a local facility during mobilization due to logistical requirements.

LOCATION:

8. Geographic Location. How does your geographic location affect your mission? Specifically, address the following:

a. What is the importance of your location relative to the clients supported?

Location is critical to ensure prompt access to care. Naval Hospital, Camp Pendleton and its branch medical clinics are conveniently located near or about close distance to on-base housing. However, clients living off base find it more difficult to reach our services. Distance between the core hospital and any of the base gates range from 10 to 16 miles. (Only 30% of our beneficiaries live on-base).

b. What are the nearest air, rail, sea and ground transportation nodes?

City bus transportation is available to beneficiaries that do not own private vehicles.

Medivac'd patients are flown into Miramar NAS and then transported to the hospital via ambulance or van as indicated.

The closest commercial airport is Palomar, located approximately 30 miles from the hospital.

Amtrack (rail services) is located in the city of Oceanside - 5 miles from the hospital. Amtrack also has a station in San Clemente - 8 miles from the San Onofre Gate

No sea transportation is available to clients.

c. Please provide the distance in miles that your facility is located from any military or civilian airfield that can accommodate a C-9 aircraft.

Distance (in miles): 3

d. What is the importance of your location given your mobilization requirements?

The hospital provides mobilization support to both IMEF and Fleet Hospital Six. In mobilization for IMEF, a significant pool of 8404 corpsmen are assigned to the hospital as staff and can be recalled in a short time span. Fleet Hospital mobilization is usually accomplished in a 48 hour time frame making the geographic location less of an issue.

e. On the average, how long does it take your current clients/customers to reach your facility?

Beneficiaries living on base can reach the facility in 5-20 minutes. Off base beneficiaries take 20 minutes or longer.

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

The problem currently is the pay for medical positions, not the location. Federal salaries for medical professionals is the biggest recruiting problem we have; however, special salary rates and now the ability to offer recruitment and retention bonuses should help alleviate this problem.

FEATURES AND CAPABILITIES

10. Capabilities. What would be the impact on the Navy and Marine Corps if the capabilities of your facility were to be lost? Answer this question in terms of the unique capabilities of your staff, equipment and facility.

Naval Hospital, Camp Pendleton (NHCP) provides the medical support for Navy and Marine Corps operational forces based on Marine Corps Base, Camp Pendleton, the Naval Weapons Station, Fallbrook, Marine Corps Mountain Warfare Training Center, Bridgeport, Marine Corps Logistic Base, Barstow, Marine Corps Air Station, Tustin/El Toro and Marine Corps Air Station, Yuma, Arizona.

The hospital provides training support for El Toro, Bridgeport, Yuma and Barstow; training for Advanced Lab Students from Naval Medical Center, San Diego; and is currently planning a lab training program for the Oceanside Regional Occupational Program (ROP).

Additionally, NHCP conducts drives for the Armed Services Worldwide Blood (ASWBL) Program and Western Association of Blood Banks (WABS), and provides pathology services for Yuma, El Toro/Tustin and 29 Palms. A provision for pathology services to Port Hueneme is now in the negotiation process.

Naval Hospital, Camp Pendleton provides Industrial Hygiene support for food inspections, water samples, Pneumonia Surveillance, Tick Surveys, HIV instruction, technical assistance visits, conducts inspection of dining facilities, delicatessens, fast food concessions, cafeterias, mobile food vendors, public lavatories, gyms, laundry, and waste management plants at Bridgeport, Barstow, Yuma and El Toro.

The hospital supply system provides vault storage for narcotic and controlled substances, orders supplies through the Navy system and open purchase, provides storage in our warehouse for supplies, delivers the supplies, provides supply training, and certifies invoices and pays bills for Naval Hospital, Camp Pendleton, Barstow, Bridgeport, El Toro and Yuma.

Naval Hospital, Camp Pendleton initiated all necessary measures to provide medical support for combat casualties during Desert Storm/Shield and has, more recently, augmented Fleet Hospital (FH6) which mobilized to Zagreb.

Marine Corps Base, Camp Pendleton, of which NHCP is a tenant provides response in the event of nuclear accidents at the San Onofre Nuclear Generating Station (SONGS).

The regional Composite Health Care System (CHCS) main frame was recently installed at Naval Hospital, Camp Pendleton and services 29 Palms, China Lake, Long Beach, Point Mugu, Port Hueneme, Barstow and Yuma. In addition to all the foregoing capabilities that would be lost, the entire CHCS consisting of over 800 drops and more than 400 terminals would have to be relocated at an initial cost of $2-3 million. (These figures do not include the funds expended by Marine Corps Base, Camp Pendleton for communications cable.)

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10a. If your facility were to close without any change in beneficiary population would the remaining local health care infrastructure be able to absorb the additional workload? Please provide supporting information to your answer.

If Naval Hospital, Camp Pendleton were to close without any change in assigned beneficiary population the local health care infrastructure would be capable of absorbing the workload of approximately 39,997 active duty dependents and 29,277 retirees, retiree dependents and other eligible beneficiaries (based on RAPS for FY 93) at a tremendous increase in costs for Champus expenditures and for manning, equipment and supplies at the only existing military hospital in the area.

The civilian infrastructure within the 40 mile catchment area of the base consists of 3,047 primary care physicians, 3,840 specialty care physicians, 368 physician assistants and nurse practictioners, and 26 civilian hospitals with a total of 5,952 beds.

The twenty-six (26) civilian hospitals provide inpatient care with a current average occupancy of 60.3%.

(The local civilian health care infrastructure would also be capable of providing emergent care to active duty personnel as required.)

One 355-bed VA hospital, located in La Jolla, supports the disabled military community and has an occupancy rate of 77.5%.

The only existing military hospital within the region to support the assigned active duty population of 36,421 or the total eligible population of 105,695 is Naval Medical Center, San Diego. Naval Medical Center, San Diego has 442 beds with a current average occupancy of 99.7%. It is approximately one hour from Marine Corps Base, Camp Pendleton. In addition to the expense required to increase its resources to support the additional workload, use of this facility would further have environmental impact on traffic and cause hardship on junior enlisted personnel and their dependents who may not have access to transportation. Travel time and absence from work would hamper efficiency and productivity.

10a. If your facility were to close without any change in beneficiary population would the remaining local health care infrastructure be able to absorb the additional workload? Please provide supporting information to your answer.

If Naval Hospital, Camp Pendleton were to close without any change in beneficiary population the local health care infrastructure would be capable of absorbing the workload of approximately 39,997 active duty dependents and 29,277 retirees, retiree dependents and other eligible beneficiaries (based on RAPS for FY 93) at a tremendous increase in costs for Champus expenditures and for manning, equipment and supplies at the only existing military hospital in the area.

The civilian infrastructure within the 40 mile catchment area of the base consists of 3,208 primary care physicians, 4,034 specialty care physicians, 368 physician assistants and nurse practictioners, and 31 hospitals with a total of 6,850 operating beds.

Twenty-three (23) of the thirty-one (31) civilian hospitals provide inpatient care with a current average occupancy of 60.3%.

The local civilian health care infrastructure would also be capable of providing emergent care to active duty personnel as required.

The only existing military hospital within the 40 mile catchment area to support the active duty population of 36,421 or the total eligible population of 105,695 is Naval Medical Center, San Diego. Naval Medical Center, San Diego has a 393 bed capacity with a current average occupancy of 88%. It is approximately one hour from Marine Corps Base, Camp Pendleton. In addition to the expense required to increase its resources to support the additional workload, use of this facility would further have environmental impact on traffic and cause hardship on junior enlisted personnel and their dependents who may not have access to transportation. Travel time and absence from work would hamper efficiency and productivity.

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10b. If your facility were to close and the active duty and their families were to leave the area would the local community health care system be able to care for the residual eligible population? Please provide supporting information to your answer.

If Naval Hospital, Camp Pendleton were to close and its 1,674 active duty Navy and their 4,083 dependents (based on FY 93 RAPS) were to leave the area, the local community health care system would be able to support the residual assigned eligible population of 32,903 active duty personnel, 34,509 dependents and 32,526 retirees, retiree dependents and other eligible beneficiaries. This would, however, generate tremendous increases in Champus expenditures and in manning, equipment, and supplies at the only existing military hospital (Naval Medical Center, San Diego) in the area.

The local community health care system within a 40 mile catchment area consists of 3,047 civilian primary care providers, 3,840 civilian specialty care providers, 368 civilian physician assistants and nurse practitioners and 26 civilian hospitals with 5,952 beds.

The twenty-six (26) civilian hospitals provide inpatient care with a current average occupancy of 60.3%.

(The local community health care system would also be capable of providing emergent care to active duty personnel as required.)

One 355-bed VA hospital, located in La Jolla, supports the disabled military community and has an occupancy rate of 77.5%.

The only existing military hospital within the region to support the residual assigned active duty personnel of 32,903, or the total eligible beneficiary population of 99,938, is Naval Medical Center (NMC), San Diego. NMC, which has 442 beds and an occupancy rate of 99.7%, is approximately one hour from Marine Corps Base, Camp Pendleton. In addition to the expense required to increase its resources to support the additional workload, use of this facility would further have enrironmental impact on traffic and cause hardship on junior enlisted personnel and their dependents who may not have access to transportation. Travel time and absence from work would hinder efficiency and productivity.

10b. If your facility were to close and the active duty and their families were to leave the area would the local community health care system be able to care for the residual eligible population? Please provide supporting information to your answer.

If Naval Hospital, Camp Pendleton were to close and the 1,674 active duty Navy and their 4,083 dependents (based on FY 93 RAPS) were to leave the area, the local community health care system would be able to support the residual eligible population of 32,903 active duty personnel, 34,509 dependents and 32,526 retirees, retiree dependents and other eligible beneficiaries. This would, however, generate tremendous increases in Champus expenditures and in manning, equipment, and supplies at the only existing military hospital (Naval Medical Center, San Diego) in the area.

The local community health care system within a 40 mile catchment area consists of 3,208 civilian primary care providers, 4,034 civilian specialty care providers, 368 civilian physician assistants and nurse practitioners and 31 civilian hospitals with 6,850 operating beds.

Twenty-three (23) of the thirty-one (31) civilian hospitals provide inpatient care with a current average occupancy of 60.3%.

The local community health care system would also be capable of providing emergent care to active duty personnel as required.

The only existing military hospital within the 40 mile catchment area to support the residual active duty personnel of 32,903, or the total eligible beneficiary population of 99,938, is Naval Medical Center (NMC), San Diego. NMC is approximately one hour from Marine Corps Base, Camp Pendleton. In addition to the expense required to increase its resources to support the additional workload, use of this facility would further have enrironmental impact on traffic and cause hardship on junior enlisted personnel and their dependents who may not have access to transportation. Travel time and absence from work would hinder efficiency and productivity.

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10c. If your inpatient care capability were to close, would the local community be able to absorb your current inpatient workload? Please develop all of your conclusions with supporting data and show it in the space below:

If Naval Hospital, Camp Pendleton inpatient care capability were to close, the local community would be able to absorb the current inpatient workload of 39,997 assigned active duty dependents, 18,155 retirees, 8,303 retiree dependents, and 2,821 other eligible beneficiaries (based on FY 93 RAPS) at an increase in Champus and Supplemental Care costs for civilian care, and an increase in costs for additional medical resources at the only military hospital in the catchment area.

The total admissions for FY 93 was 9,609 and the projected admissions for FY 94 is 9,350 for Naval Hospital, Camp Pendleton.

The local civilian community has twenty-six (26) inpatient care facilities with 5,952 beds for trauma, pediatric, psychiatric, AIDS/ARC, and community healthcare services. The average current occupancy rate is 60.3%. One (1) VA hospital in La Jolla supports the disabled military community with 355 beds and maintains 77.5% occupancy.

The only existing military hospital for active duty personnel and eligible beneficiaries is located one hour from Camp Pendleton. Naval Medical Center, San Diego has 442 beds with a current average occupancy of 99.7%.

In addition to the expenses required to increase the manning, equipment and supplies of the Naval Medical Center, San Diego to support the additional workload, use of this facility would further have environmental impact on traffic and cause hardship on junior enlisted personnel and their dependents who may not have access to transportation. Absences from work to cover travel time to this facility would decrease job efficiency and productivity.

10c. If your inpatient care capability were to close, would the local community be able to absorb your current inpatient workload? Please develop all of your conclusions with supporting data and show it in the space below:

If Naval Hospital, Camp Pendleton inpatient care capability were to close, the local community would be able to absorb the current inpatient workload of 39,997 active duty dependents, 18,155 retirees, 8,303 retiree dependents, and 2,821 other eligible beneficiaries (based on FY 93 RAPS) at an increase in Champus and Supplemental Care costs for civilian care, and an increase in costs for additional medical resources at the only military hospital in the catchment area.

The total admissions for FY 93 was 8,476 and the projected admissions for FY 94 is 9,350 for Naval Hospital, Camp Pendleton.

The local civilian community has twenty-two (22) inpatient care facilities with 6,495 operating beds for trauma, pediatric, psychiatric, AIDS/ARC, and community healthcare services. The average current occupancy rate is 60.3%. One (1) VA hospital in La Jolla supports the disabled military community with 355 operating beds and maintains 77.5% occupancy.

The only existing military hospital for active duty personnel and eligible beneficiaries is located one hour from Camp Pendleton. Naval Medical Center, San Diego has a 393 bed capacity with a current average occupancy of 88%.

In addition to the expenses required to increase the manning, equipment and supplies of the Naval Medical Center, San Diego to support the additional workload, use of this facility would further have environmental impact on traffic and cause hardship on junior enlisted personnel and their dependents who may not have access to transportation. Absences from work to cover travel time to this facility would decrease job efficiency and productivity.

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11. Mobilization. What are your facility's mobilization requirements?

a. If any of your staff is assigned to support a Hospital Ship, Fleet Hospital, Marine Corps unit, ship, or other operational unit during mobilization complete the following table:

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
USS Tripoli	**07198**	**0**
USS New Orleans	**07202**	**3**
USS Belleau Wood	**20633**	**0**
USS Essex	**21533**	**0**
3rd MAW, CAPEN	**31053**	**1**
USNS Mercy	**46245**	**22**
1st MAW	**57079**	**1**

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
3rd MAW	**57081**	**4**
HQ, Camp Smith, HI	**67025**	**0**
3D Marine Division	**67360**	**3**
3D FSSG	**67436**	**30**
1st FSSG	**67446**	**42**
1st Marine Division	**67448**	**41**
NAVHOSP Guam	**68096**	**24**

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
NAVMEDClinic Pearl Harbor	**68098**	**11**
NAVHOSP Yokosuka	**68292**	**31**
NAVHOSP Okinawa	**68470**	**38**
NAVDENCEN Okinawa	**68582**	**1**
Fleet Hospital #1	**68681**	**8**

11. Mobilization. What are your facility's mobilization requirements?

a. If any of your staff is assigned to support a Hospital Ship, Fleet Hospital, Marine Corps unit, ship, or other operational unit during mobilization complete the following table:

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
USS Tripoli	**07198**	**4**
USS New Orleans	**07202**	**31**
USS Belleau Wood	**20633**	**1**
USS Essex	**21533**	**1**
3rd MAW, CAPEN	**31053**	**3**
USNS Mercy	**46245**	**56**
1st MAW	**57079**	**2**

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
3rd MAW	**57081**	**5**
HQ, Camp Smith, HI	**67025**	**1**
3D Marine Division	**67360**	**6**
3D FSSG	**67436**	**25**
1st FSSG	**67446**	**18**
1st Marine Division	**67448**	**89**
NAVHOSP Guam	**68096**	**21**

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
NAVMEDClinic Pearl Harbor	**68098**	**7**
NAVHOSP Yokosuka	**68292**	**30**
NAVHOSP Okinawa	**68470**	**44**
NAVDENCEN Okinawa	**68582**	**4**

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Fleet Hospital #2	**68682**	**51**
Fleet Hospital #6	**68686**	**216**

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
3rd MARDIV (Advance Party)	**MPS3D**	**5**
3rd FSSG (Advance Party)	**MPS3F**	**20**
1st MAW (Advance Party)	**MPS3W**	**1**
NEPMU-6 PEARL HARBOR	**0545A**	**1**
DET 3D MAW, YUMA	**31055**	**1**
1ST MARDIV (ADV ELEMENT)	**MPSID**	**8**
1ST FSSG (ADV ELEMENT)	**MPSIF**	**5**

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.

All members assigned to Fleet Hospitals are required to attend a two week training course. 468 personnel currently assigned.

80 x 468 = 37,440 - 168 (=1 FTE) = 222 total FTE
26 Physicians
26 x 80 hrs = 2080 hrs - 168 = 12.3 provider FTE

All members with Marine augmentation platforms are required to attend a one week Field Medical Service Support training course. 174 personnel currently assigned.

40 x 174 = 6,960 - 168 (=1 FTE) = 41.42 total FTE
18 Physicians
18 x 40 hrs = 720 hrs - 168 = 4.28 provider FTE

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced

Fleet Hospital #1	**68681**	**4**
Fleet Hospital #2	**68682**	**17**
Fleet Hospital #6	**68686**	**447**

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
3rd MARDIV (Advance Party)	**MPS3D**	**1**
3rd FSSG (Advance Party)	**MPS3F**	**12**
1st MAW (Advance Party)	**MPS3W**	**12**

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.

All members assigned to Fleet Hospitals are required to attend a two week training course. 468 personnel currently assigned.

80 x 468 = 37,440 - 168 (=1 FTE) = 222 total FTE
26 Physicians
26 x 80 hrs = 2080 hrs - 168 = 12.3 provider FTE

All members with Marine augmentation platforms are required to attend a one week Field Medical Service Support training course. 174 personnel currently assigned.

40 x 174 = 6,960 - 168 (=1 FTE) = 41.42 total FTE
18 Physicians
18 x 40 hrs = 720 hrs - 168 = 4.28 provider FTE

c. Please provide the total number of your expanded beds[1]

R

spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds[1]: 265 R

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

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on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds[1]: ~~584~~ 623 BUMED MED 82 S GSA 9/1/94

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds[1]: **265**

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

Operating beds = **120**
Set up beds = ~~**145**~~ 102
Total "Stubbed" Expanded Capacity = **265***

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*** Naval Hospital, Camp Pendleton has a 623 expanded bed capacity. 265 of these beds are stubbed.**

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12. Non-availability Statements. Please complete the following table for Non-availability statements (NAS):

NAS TYPE	FISCAL YEAR		
	1992	1993	1994 (Oct-Mar)
INPATIENT	**3079**	**1925**	**1135**
OUTPATIENT	**1098**	**721**	**339**

13. Supplemental Care. Please complete the following table for supplemental care:

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD	**1064**	**940**	**595**	**682**	**245**	**411**
AD FAMILY	*					
OTHER	*					
TOTAL	**1064**	**940**	**595**	**682**	**245**	**411**

*** DO NOT HAVE THE RESOURCES TO BREAK OUT DEPENDENTS FROM OTHER.**

[1] The total number of consults, procedures and admissions covered with supplemental care dollars.

[2] The total cost in thousands of dollars.

12. Non-availability Statements. Please complete the following table for Non-availability statements (NAS):

NAS TYPE	FISCAL YEAR		
	1992	1993	1994 (Oct-Mar)
INPATIENT	**3079**	**1925**	**1135**
OUTPATIENT	**1098**	**721**	**339**

13. Supplemental Care. Please complete the following table for supplemental care:

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD	**1,940**	**772**	**1,266**	**673**	**630**	**368**
AD FAMILY	*					
OTHER	*					
TOTAL	**1,940**	**772**	**1,266**	**673**	**630**	**368**

*** DO NOT HAVE THE RESOURCES TO BREAK OUT DEPENDENTS FROM OTHER.**

[1] The total number of consults, procedures and admissions covered with supplemental care dollars.

[2] The total cost in thousands of dollars.

14. Costs. Complete the following table regarding your outpatient costs. Use the same definitions and assumptions that you use for reporting to Medical Expense and Performance Reporting System (MEPRS).

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	29577483	28474257	27941794
TOTAL OUTPATIENT VISITS	296894	300557	304688
AVERAGE COST PER VISIT	$99.62	$94.73	$91.71

NOTE: The projections are based on both 1ST QTR AND 2ND QTR Outpatient visits FY-94 Data.

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14. Costs. Complete the following table regarding your outpatient costs. Use the same definitions and assumptions that you use for reporting to Medical Expense and Performance Reporting System (MEPRS).

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	29577483	28471252	27056460
TOTAL OUTPATIENT VISITS	266689	300557	304688
AVERAGE COST PER VISIT	$110.91	$94.73	$88.80

NOTE: The projections are based on both 1ST QTR AND 2ND QTR Outpatient visits FY-94 Data.

14a. Costs. Complete the following tables regarding your inpatients costs. Use the same definitions and assumptions that you use for reporting Medical Expense and Performance Reporting System (MEPRS). Table A, B, C, and D are used to arrive at a cost per Relative Weighted Product (RWP). Table E develops costs for inflation and add-ons to produce the final FY 1994 cost per RWP. FY 1994 should be completed through the First Quarter FY 1994. Costs should be total costs for the category unless otherwise indicated.
SOURCE: MEPRS REPORT PART I FY93 & FY92 AND MEPRS COMPUTATION SUMMARY REPORT FY92 & 93.
Table A: **FY-94 Inpatient data is not readily available.**

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)	24,468,284	25,476,883	See remark above

Table B: **FY-94 Inpatient data is not readily available.**

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	70564	47977	See Remark above
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	1,155,499	1,088,847	
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	1,226,063	1,136,824	
E. TOTAL E EXPENSES (ALL ACCOUNTS)	26,710,859	26,718,031	
F. % SELECTED E EXPENSES (D÷E)[1]	.045901	.042548	

[1] Record as a decimal to 6 digits.

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14a. Costs. Complete the following tables regarding your inpatients costs. Use the same definitions and assumptions that you use for reporting Medical Expense and Performance Reporting System (MEPRS). Table A, B, C, and D are used to arrive at a cost per Relative Weighted Product (RWP). Table E develops costs for inflation and add-ons to produce the final FY 1994 cost per RWP. FY 1994 should be completed through the First Quarter FY 1994. Costs should be total costs for the category unless otherwise indicated.

Table A: **FY-94 Inpatient data is not readily available.**

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)	24488266	24054964	See remark above

Table B: **FY-94 Inpatient data is not readily available.**

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	70564	49564	See Remark above
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	1155496	1162473	
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	1226060	1212037	
E. TOTAL E EXPENSES (ALL ACCOUNTS)	26713753	26636879	
F. % SELECTED E EXPENSES (D÷E)[1]	4.589621	4.55022	

[1] Record as a decimal to 6 digits.

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N/A

(See p. 50 R)

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Table C: **FY-94 Inpatient data is not readily available.**

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	6,305,099	6,497,860	See Remark above
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)	289,410	276,471	
I. AREA REFERENCE LABORATORIES (FAA)	NA	NA	NA
J. CLINICAL INVESTIGATION PROGRAM (FAH)	NA	NA	NA
K. TOTAL SELECTED F (I+J)	NA	NA	NA
L. CONTINUING HEALTH EDUCATION (FAL)	557809	669,829	
M. DECEDENT AFFAIRS (FDD)	40250	37,603	
N. INITIAL OUTFITTING (FDE)	NA	NA	NA
O. URGENT MINOR CONSTRUCTION (FDF)	NA	NA	NA
P. TOTAL (L+M+N+O)	598059	707,432	
Q. E EXPENSES INCLUDED IN ROW P	41752	60,242	
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	1,916	2,5638	
S. OTHER F'S LESS E (P-R)	596143	704869	

NA - Means Services are not provided at this MTF.

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Table C: **FY-94 Inpatient data is not readily available.**

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	6317527	5548075	See Remark above
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)	28995054	25244961	
I. AREA REFERENCE LABORATORIES (FAA)	NA	NA	NA
J. CLINICAL INVESTIGATION PROGRAM (FAH)	NA	NA	NA
K. TOTAL SELECTED F (I+J)	NA	NA	NA
L. CONTINUING HEALTH EDUCATION (FAL)	557807	671724	
M. DECEDENT AFFAIRS (FDD)	40287	35210	
N. INITIAL OUTFITTING (FDE)	NA	NA	NA
O. URGENT MINOR CONSTRUCTION (FDF)	NA	NA	NA
P. TOTAL (L+M+N+O)	598094	706934	
Q. E EXPENSES INCLUDED IN ROW P	41787	59744	
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	191786	271848	
S. OTHER F'S LESS E (P-R)	406308	435086	

NA - Means Services are not provided at this MTF.

N/A

(See p. 50R.)
BUMED-822

Table D: Remarks: **FY-94 Inpatient and RCMAS data not readily available.**

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	7118.6280	7572.0381	See Remarks
U. TOTAL WORK UNITS (MWU)[2]	20229.4839	20946.6699	
V. PERCENT INPATIENT (IWU÷AWU)	.542956	.566149	
W. FINAL OTHER F EXPENSES (S×V)	323679	399061	
X. FINAL F EXPENSES (K+W)	323679	399061	
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	24502553	25599473	
Z. NUMBER OF BIOMETRICS DISPOSITIONS	7960	8466	
AA. TOTAL MEPRS DISPOSITIONS	7960	8467	
BB. ADJUSTED DISPOSITIONS (Z÷AA)	N/A	.999882	
CC. ADJUSTED MEPRS EXPENSES (Y×BB)	16676280	24787933	
DD TOTAL RELATIVE WEIGHTED PRODUCT (RW)			
EE. COST PER RWP (CC÷DD)			
FF. TOTAL CATEGORY II RWPs[3]			
GG. TOTAL CATEGORY II COST (EE×FF)			
HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)			
II. TOTAL CATEGORY III RWPs (DD-FF)			
JJ. COST PER CATEGORY III RWP (HH÷II)			

[2] Total work units (MWU) is the total of Inpatient Work Units plus Ambulatory Work Units (IWU+AWU).
[3] Category II RWP's are RWP's due to Diagnoses Not Normally Hospitalized (DXNNH), Potential Ambulatory Surgery (PAS), and Active Duty Excessive Length of Stay (ADELS).

BIOMETRICS DISPOSITIONS - AQCESS SYSTEM.

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Revised pg

Table D: Remarks: **FY-94 Inpatient and RCMAS data not readily available.**

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	7118.6280	7572.0381	See Remarks
U. TOTAL WORK UNITS (MWU)[2]	20229.4839	20946.6699	
V. PERCENT INPATIENT (IWU+AWU)	54.295677	56.614927	
W. FINAL OTHER F EXPENSES (SxV)	22060767	24632362	
X. FINAL F EXPENSES (K+W)	22060767	24632362	
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	17553979	23442365	
Z. NUMBER OF BIOMETRICS DISPOSITIONS	7602	8953	
AA. TOTAL MEPRS DISPOSITIONS	7960	8467	
BB. ADJUSTED DISPOSITIONS (Z+AA)	.95	1.057399	
CC. ADJUSTED MEPRS EXPENSES (YxBB)	16676280	24787933	
DD TOTAL RELATIVE WEIGHTED PRODUCT (RW)			
EE. COST PER RWP (CC+DD)			
FF. TOTAL CATEGORY II RWPs[3]			
GG. TOTAL CATEGORY II COST (EExFF)			
HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)			
II. TOTAL CATEGORY III RWPs (DD-FF)			
JJ. COST PER CATEGORY III RWP (HH+II)			

[2] Total work units (MWU) is the total of Inpatient Work Units plus Ambulatory Work Units (IWU+AWU).
[3] Category II RWP's are RWP's due to Diagnoses Not Normally Hospitalized (DXNNH), Potential Ambulatory Surgery (PAS), and Active Duty Excessive Length of Stay (ADELS).
BIOMETRICS DISPOSITIONS - AQCESS SYSTEM.

N/A (SEE p. SOR)
BUMED-822
MSA. 14 Jun 94

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

NOTES AND REMARKS: RCMAS Information was not readily available.

CATEGORY	FY 1992	FY 1993	FY 1994
KK. TOTAL OBDs (OCCUPIED BED DAYS)			See Remark above
LL. CATEGORY II (AS DEFINED IN FF)OBDs			
MM. CATEGORY III OBDs (KK-LL)			
NN. AVERAGE DAYS/RWP (MM÷II)			
OO. ADD ON PER RWP (NN×77)			
PP. TOTAL COST PER RWP (JJ+OO)			
QQ. CIVILIAN PAY COST (PP×.15)			
RR. MILITARY PAY COST (PP×.56)			
SS. OTHER COSTS (PP×.29)			
TT. CIVILIAN PAY RAISES (QQ×1.037×1.0297)			
UU. MILITARY PAY RAISES (RR×1.037×1.0165)			
VV. UNFUNDED CIVILIAN RETIREMENT (TT×1.147)			
WW. CIVILIAN ASSET USE CHARGE (VV×1.04)			
XX. MILITARY ASSET USE CHARGE (UU×1.04)			
YY. OTHER ASSET USE CHARGES (SS×1.04)			
ZZ. OTHER COSTS DEFLATOR FACTOR (YY×1.083)			
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)			

Revised pg

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

NOTES AND REMARKS: RCMAS Information was not readily available.

CATEGORY	FY 1992	FY 1993	FY 1994
KK. TOTAL OBDs (OCCUPIED BED DAYS)			See Remark above
LL. CATEGORY II (AS DEFINED IN FF) OBDs			
MM. CATEGORY III OBDs (KK-LL)			
NN. AVERAGE DAYS/RWP (MM+II)			
OO. ADD ON PER RWP (NN×77)			
PP. TOTAL COST PER RWP (JJ+OO)			
QQ. CIVILIAN PAY COST (PP×.15)			
RR. MILITARY PAY COST (PP×.56)			
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YY. OTHER ASSET USE CHARGES (SS×1.04)			
ZZ. OTHER COSTS DEFLATOR FACTOR (YY×1.083)			
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)			

N/A

(See p. SOR)
BUMED-822
mss, 14 Jun 94

Revised

TABLE A: NH CAMP PENDELTON

CATEGORY	FY 92	FY 93	FY 94
A. TOTAL MEPRS-A	24488266	24053923	

*FY 94 NOT CURRENTLY AVIALABLE

TABLE B:

CATEGORY	FY 92	FY 93	FY 94
B. GRADUATE MED ED (EBE)	70564	49564	
C. EDUCATION AND TRAINING (EBF)	1113740	1121426	
D. TOTAL EXP EBE AND EBF	1184304	1170990	0
E. TOTAL E EXPENSES	22202851	21925792	
F. % SELECTED E EXPENSES (D/E)	0.053340	0.053407	ERR

TABLE C:

CATEGORY	FY 92	FY 93	FY 94
G. TOTAL E IN MEPRS-A	4310125	4209696	
H. E EXPENSES TO REMOVE FROM A (FxG)	229902.8	224827.1	ERR
I. AREA REF LABS (FAA)	0	0	
J. CLINICAL INVEST (FAH)	0	0	
K. TOTAL SELECTED F (I+J)	0	0	0
L. CONTINUING HEALTH ED (FAL)	557807	625966	
M. DECEDENT AFFAIRS (FDD)	40287	35210	
N. INITIAL OUTFITTING (FDE)	0	0	
O. URGENT MINOR CONST (FDF)	0	0	
P. TOTAL (L+M+N+O)	598094	661176	0
E EXPENSE (FAL)	33319	52717	
E EXPENSE (FDD)	8468	7027	
E EXPENSE (FDE)	0	0	
E EXPENSE (FDF)	0	0	
Q. E XEPENSES INCLUDED IN ROW P	41787	59744	0
R. E EXPENSES TO REMOVE FROM P. (FxQ)	2228.926	3190.746	ERR
S. OTHER F'S LESS E (P-R)	595865.1	657985.3	ERR

TABLE D:

CATEGORY	FY 92	FY 93	FY 94
T. IWU	7118.52	7776.83	
U MWU	14712.75	15706.02	
V PERCENT INPATIENT	0.483833	0.49515	ERR
W. FINAL OTHER F EXP (SxV)	288299.4	325801.2	ERR
X FINAL F EXP (K+W)	288299.4	325801.2	ERR
Y TOTAL CATEGORY III EXP (A-H+X)	24546663	24154897	ERR
Z NUMBER BIOMETRICS DISPOS	7840	8400	
AA. TOTAL MEPRS DISP	7960	8473	
BB. ADJ DISPOS (Z/AA)	0.984925	0.991384	ERR
CC ADJ MERPS EXP (YxBB)	24176612	23946788	ERR
DD. TOTAL RWP	6008.696	6199.4	
EE COST PER RWP (CC/DD)	4023.604	3862.759	ERR
CATEGORY II RWPS			
(DXNNH)	17.2773	25.9122	
(PAS)	1574.402	1511.99	
(ADELS)	46.5322	20.9748	
FF. TOTAL CAT II RWPS	1638.211	1558.877	0
GG. TOTAL CAT II COST (EExFF)	6591512	6021565	ERR
HH. TOTAL EXT CAT III EXP (CC-GG)	17585100	17925223	ERR
II. TOTAL CAT III RWPS (DD-FF)	4370.485	4640.523	0
JJ. COST PER CAT III RWP (HH/II)	4023.604	3862.759	ERR

TABLE E

CATEGORY	FY 92	FY 93	FY 94
KK. TOTAL OBDS	31114	[illegible]	[illegible]
CAT II OBDS			
(DXNNH)	257	[illegible]	[illegible]
(PAS)	4514	[illegible]	[illegible]
(ADELS)	735	[illegible]	[illegible]
LL TOTAL CAT II OBD	5506	[illegible]	[illegible]
MM CAT III OBDS (KK-LL)	25608	[illegible]	[illegible]
NN. AVG DAYS/RWP (MM/II)	5.859304	[illegible]	[illegible]
OO. ADD ON PER RWP (NNx77)	451.1664	[illegible]	[illegible]
PP. TOTAL COST PER RWP (JJ+OO)	4474.77	[illegible]	[illegible]
QQ. CIVILIAN PAY COST (PPx.15)	671.2155	[illegible]	[illegible]
RR. MILITARY PAY COST (PPx.56)	2505.871	[illegible]	[illegible]
SS. OTHER COSTS (PPx.29)	1297.683	[illegible]	[illegible]
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297))	716.7232	[illegible]	[illegible]
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	2641.465	[illegible]	[illegible]
VV. UNFUNDED CIV RET (TTx1.47)	1053.583	[illegible]	[illegible]
WW. CIVILAIN ASSET USE CHARGE (VVx1.04)	1095.726	[illegible]	[illegible]
XX. MILITARY ASSET USE CHARGE (UU*1.04)	2747.124	[illegible]	[illegible]
YY. OTHER ASSET USE CHARGES (SS*1.04)	1349.591	[illegible]	[illegible]
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	1461.607	[illegible]	[illegible]
ADJ CAT III COST/RWP	5304.457	[illegible]	[illegible]

50R cotw BUMED-823 10/5/94

TABLE A: NH CAMP PENDELTON

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FY 94 NOT CURRENTLY AVIALABLE

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I. AREA REF LABS (FAA)	0	0	
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K. TOTAL SELECTED F (I+J)	0	0	0
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M. DECEDENT AFFAIRS (FDD)	40287	35210	
N. INITIAL OUTFITTING (FDE)	0	0	
O. URGENT MINOR CONST (FDF)	0	0	
P. TOTAL (L+M+N+O)	598094	661176	0
E EXPENSE (FAL)	33319	52717	
E EXPENSE (FDD)	8468	7027	
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TABLE E

CATEGORY	FY 92	FY 93	FY 94
KK. TOTAL OBDS	31114	29500	
CAT II OBDS			
(DXNNH)	257	267	
(PAS)	4514	3818	
(ADELS)	735	392	
LL TOTAL CAT II OBD	5506	4577	0
MM CAT III OBDS (KK–LL)	25608	24923	0
NN. AVG DAYS/RWP (MM/II)	5.859304	5.370731	ERR
OO. ADD ON PER RWP (NNx77)	451.1664	413.5463	ERR
PP. TOTAL COST PER RWP (JJ+OO)	4474.77	4276.305	ERR
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SS. OTHER COSTS (PPx.29)	1297.683	1240.129	ERR
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297))	716.7232	684.9351	ERR
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	2641.465	2624.311	ERR
VV. UNFUNDED CIV RET (TTx1.47)	1053.583	1006.865	ERR
WW. CIVILAIN ASSET USE CHARGE (VVx1.04)	1095.726	1047.129	ERR
XX. MILITARY ASSET USE CHARGE (UU*1.04)	2747.124	2625.283	ERR
YY. OTHER ASSET USE CHARGES (SS*1.04)	1349.591	1289.734	ERR
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	1461.607	1396.782	ERR
ADJ CAT III COST/RWP	5304.457	5069.194	ERR

50R

NAVAL HOSPITAL, CAMP PENDLETON IS A TENANT COMMAND OF MARINE CORPS BASE, CAMP PENDLETON (UIC M00681). MCB, OUR HOST COMMAND, IS RESPONSIBLE FOR ANSWERING THESE QUESTIONS RELATING TO THE QUALITY OF LIFE IN THEIR BRAC DATA CALL #38.

15. Quality of Life.

a. Military Housing
(1) Family Housing:

(a) Do you have mandatory assignment to on-base housing? (circle) yes no

(b) For military family housing in your locale provide the following information:

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+				
Officer	3				
Officer	1 or 2				
Enlisted	4+				
Enlisted	3				
Enlisted	1 or 2				
Mobile Homes					
Mobile Home lots					

(c) In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:
What makes it inadequate?
What use is being made of the facility?
What is the cost to upgrade the facility to substandard?
What other use could be made of the facility and at what cost?
Current improvement plans and programmed funding:
Has this facility condition resulted in C3 or C4 designation on your BASEREP?

(d) Complete the following table for the military housing waiting list.

Pay Grade	Number of Bedrooms	Number on List[1]	Average Wait
O-6/7/8/9	1		
	2		
	3		
	4+		
O-4/5	1		
	2		
	3		
	4+		
O-1/2/3/CWO	1		
	2		
	3		
	4+		
E7-E9	1		
	2		
	3		
	4+		
E1-E6	1		
	2		
	3		
	4+		

[1]As of 31 March 1994.

(e) What do you consider to be the top five factors driving the demand for base housing? Does it vary by grade category? If so provide details.

	Top Five Factors Driving the Demand for Base Housing
1	
2	
3	
4	
5	

(f) What percent of your family housing units have all the amenities required by "The Facility Planning & Design Guide" (Military Handbook 1190 & Military Handbook 1035-Family Housing)?

(g) Provide the utilization rate for family housing for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(h) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 98% (or vacancy over 2%), is there a reason?

(2) BEQ:

(a) Provide the utilization rate for BEQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\text{AOB} = \frac{(\text{\# Geographic Bachelors x average number of days in barracks})}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?

(3) BOQ:

(a) Provide the utilization rate for BOQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$AOB = \frac{(\text{\# Geographic Bachelors x average number of days in barracks})}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?

b. For on-base MWR facilities[2] available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

LOCATION_____ **DISTANCE**_____

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays		
	Outdoor Bays		
Arts/Crafts	SF		
Wood Hobby	SF		
Bowling	Lanes		
Enlisted Club	SF		
Officer's Club	SF		
Library	SF		
Library	Books		
Theater	Seats		
ITT	SF		
Museum/Memorial	SF		
Pool (indoor)	Lanes		
Pool (outdoor)	Lanes		
Beach	LF		
Swimming Ponds	Each		
Tennis CT	Each		

[2]Spaces designed for a particular use. A single building might contain several facilities, each of which should be listed separately.

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each		
Basketball CT (outdoor)	Each		
Racquetball CT	Each		
Golf Course	Holes		
Driving Range	Tee Boxes		
Gymnasium	SF		
Fitness Center	SF		
Marina	Berths		
Stables	Stalls		
Softball Fld	Each		
Football Fld	Each		
Soccer Fld	Each		
Youth Center	SF		

c. Is your library part of a regional interlibrary loan program?

d. Base Family Support Facilities and Programs

(1). Complete the following table on the availability of child care in a child care center on your base.

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos						
6-12 Mos						
12-24 Mos						
24-36 Mos						
3-5 Yrs						

(2). In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:
What makes it inadequate?
What use is being made of the facility?
What is the cost to upgrade the facility to substandard?
What other use could be made of the facility and at what cost?
Current improvement plans and programmed funding:
Has this facility condition resulted in C3 or C4 designation on your BASEREP?

(3). If you have a waiting list, describe what programs or facilities other than those sponsored by your command are available to accommodate those on the list.

(4). How many "certified home care providers" are registered at your base?

(5). Are there other military child care facilities within 30 minutes of the base? State owner and capacity (i.e., 60 children, 0-5 yrs).

(6). Complete the following table for services available on your base. If you have any services not listed, include them at the bottom.

Service	Unit of Measure	Qty
Exchange	SF	
Gas Station	SF	
Auto Repair	SF	
Auto Parts Store	SF	
Commissary	SF	
Mini-Mart	SF	
Package Store	SF	
Fast Food Restaurants	Each	
Bank/Credit Union	Each	
Family Service Center	SF	
Laundromat	SF	
Dry Cleaners	Each	
ARC	PN	
Chapel	PN	
FSC Classrm/Auditorium	PN	

e. Proximity of closest major metropolitan areas (provide at least three):

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1		
E2		
E3		
E4		
E5		
E6		
E7		
E8		
E9		
W1		
W2		
W3		
W4		
O1E		
O2E		
O3E		
O1		
O2		
O3		
O4		
O5		
O6		
O7		

g. Off-base housing rental and purchase

(1) Fill in the following table for average rental costs in the area for the period 1 April 1993 through 31 March 1994.

Type Rental	Average Monthly Rent		Average Monthly Utilities Cost
	Annual High	Annual Low	
Efficiency			
Apartment (1-2 Bedroom)			
Apartment (3+ Bedroom)			
Single Family Home (3 Bedroom)			
Single Family Home (4+ Bedroom)			
Town House (2 Bedroom)			
Town House (3+ Bedroom)			
Condominium (2 Bedroom)			
Condominium (3+ Bedroom)			

(2) What was the rental occupancy rate in the community as of 31 March 1994?

Type Rental	Percent Occupancy Rate
Efficiency	
Apartment (1-2 Bedroom)	
Apartment (3+ Bedroom)	
Single Family Home (3 Bedroom)	
Single Family Home (4+ Bedroom)	
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

(3) What are the median costs for homes in the area?

Type of Home	Median Cost
Single Family Home (3 Bedroom)	
Single Family Home (4+ Bedroom)	
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

(4) For calendar year 1993, from the local MLS listings provide the number of 2, 3, and 4 bedroom homes available for purchase. Use only homes for which monthly payments would be within 90 to 110 percent of the E5 BAQ and VHA for your area.

Month	Number of Bedrooms		
	2	3	4+
January			
February			
March			
April			
May			
June			
July			
August			
Septembe r			
October			
November			
December			

(5) Describe the principle housing cost drivers in your local area.

h. For the top five sea intensive ratings in the principle warfare community your base supports, provide the following:

Rating	Number Sea Billets in the Local Area	Number of Shore billets in the Local Area

i. Complete the following table for the average one-way commute for the five largest concentrations of military and civilian personnel living off-base.

Location	% Employees	Distance (mi)	Time(min)

j. Complete the tables below to indicate the civilian educational opportunities available to service members stationed at the air station (to include any outlying fields) and their dependents:

(1) List the local educational institutions which offer programs available to dependent children. Indicate the school type (e.g. DODDS, private, public, parochial, etc.), grade level (e.g. pre-school, primary, secondary, etc.), what students with special needs the institution is equipped to handle, cost of enrollment, and for high schools only, the average SAT score of the class that graduated in 1993, and the number of students in that class who enrolled in college in the fall of 1994.

Institution	Type	Grade Level(s)	Special Education Available	Annual Enrollment Cost per Student	1993 Avg SAT/ ACT Score	% HS Grad to Higher Educ	Source of Info

(2) List the educational institutions within 30 miles which offer programs off-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational / Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					

(3) List the educational institutions which offer programs on-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

Skill Level	Number of Military Spouses Serviced by Family Service Center Spouse Employment Assistance			Local Community Unemployment Rate
	1991	1992	1993	
Professional				
Manufacturing				
Clerical				
Service				
Other				

l. Do your active duty personnel have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

m. Do your military dependents have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

n. Complete the table below to indicate the crime rate for your air station for the last three fiscal years. The source for case category definitions to be used in responding to this question are found in NCIS - Manual dated 23 February 1989, at Appendix A, entitled "Case Category Definitions." Note: the crimes reported in this table should include 1) all reported criminal activity which occurred on base regardless of whether the subject or the victim of that activity was assigned to or worked at the base; and 2) all reported criminal activity off base.

Crime Definitions	FY 1991	FY 1992	FY 1993
1. Arson (6A)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
2. Blackmarket (6C)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
3. Counterfeiting (6G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
4. Postal (6L)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
5. Customs (6M)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
6. Burglary (6N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
7. Larceny - Ordnance (6R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
8. Larceny - Government (6S)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
10. Wrongful Destruction (6U)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
11. Larceny - Vehicle (6V)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
12. Bomb Threat (7B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
13. Extortion (7E)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
14. Assault (7G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
15. Death (7H)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
16. Kidnapping (7K)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
18. Narcotics (7N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
19. Perjury (7P)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
20. Robbery (7R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
21. Traffic Accident (7T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
23. Indecent Assault (8D)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
24. Rape (8F)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
25. Sodomy (8G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

UIC 68094

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

JAMES L. STAIGER
NAME (Please type or print)

J. L. Staiger
Signature

Commanding Officer
Title

6/3/94
Date

Naval Hospital, Camp Pendleton
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

RADM R. I. Ridenour
NAME (Please type or print)

Signature

ACTING CHIEF BUMED
Title

15 JUN 1994
Date

BUREAU OF MEDICINE AND SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

R. R. SAREERAM
NAME (Please type or print)

Signature

ACTING
Title

29 JUN 1994
Date

question 3

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

RICHARD L. ANDERSON
NAME (Please type or print)

Signature

Acting Commanding Officer
Title

8-25-94
Date

Naval Hospital, Camp Pendleton
Activity

question 3

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature: D F Hagen

CHIEF BUMED/SURGEON GENERAL

Title — Date: 9-6-94

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print) — Signature: W A Earner

Title — Date: 9/12/94

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BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

JAMES L. STAIGER
NAME (Please type or print)

Signature

Commanding Officer
Title

19 Aug 94
Date

Naval Hospital, Camp Pendleton
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X 9-6-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print) W A Earner Signature

Title 9/12/94 Date

DATA CALL #27
9-23-94 REVISION
TO QUESTION 11.c

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

JAMES L. STAIGER
NAME (Please type or print)

James L. Staiger
Signature

Commanding Officer
Title

30 Sept 94
Date

Naval Hospital, Camp Pendleton
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X 10/4/94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) J B Greene Jr Signature

ACTING

Title 11 OCT 1994 Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X Oct 6, 94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) J B Greene Jr. Signature

ACTING

Title 13 OCT 1994 Date

Document Separator

DC#26

387

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: Naval Hospital, Pensacola, Florida (UIC: 00203)

Category.....Personnel Support
Sub-category....Medical
Types.....Clinics, Hospitals, and Medical Centers

*********If any responses are classified, attach separate classified annex*********

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MISSION REQUIREMENTS

1. Population. Please identify your beneficiary population using the same definitions as used by RAPS. Use the following table to record your results.

TYPE	ACTUAL FY 1993			PROJECTED FY 1999 (RAPS doesn't project beyond this year.)		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD (See note 5)	12468	12589		11247	18613	
FAMILY OF AD (See note 5)	20956	21225		18877	29156	
SUBTOTAL	33424	33814		30124	47769	
RETIRED AND FAMILY MEMBERS UNDER 65	25153	25153		24520	24520	
RETIRED AND FAMILY MEMBERS OVER 65[4]	7433	7433		9437	9437	38472
OTHER (includes Survivors,med elg NG, RES and their dependents	3996	3975		4558	4537	
TOTAL	70006	70375	N/A	68639	86263	N/A

Source: RAPS MODEL FY92 BASELINE POPULATION ESTIMATE, REDEFINED. NAVHOSP PENSACOLA CATCHMENT AREA INCLUDES BRANCH CLINICS NAS PENSACOLA, NTTC CORRY STATION AND NAS WHITING FIELD.

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.
[1] THE BASIS FOR YOUR REPORTED POPULATION IS THE CATCHMENT AREA DEFINED AS SETS OF ZIP CODES EMANATING FROM THE CENTER OF THE ZIP CODE IN WHICH THE MTF IS LOCATED WITH A RADIUS OF 40 MILES. (additive: PROJECTION DOES NOT INCLUDE BRAC CHANGES)
[2] THIS IS THE POPULATION SPECIFICALLY ASSIGNED TO YOUR FACILITY IN CONTRAST TO THE POPULATION IN THE CATCHMENT AREA. THIS IS IMPORTANT IN FACILITIES WITH OVERLAPPING CATCHMENT AREAS.
[3] IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).
[4] THIS SECTION MUST BE COMPLETED.
Note 5: RAPS FY92 baseline projections do not reflect the homeport change of the USS FORRESTAL (AVT-59). The ship departed Pensacola in FY92 and the active duty and active duty dependent census decreased by 2,072 and 2,320, respectively. Under BRAC III Pensacola is a gaining site and the anticipated active duty and active duty dependent census is expected to exceed the FY91 level by FY97.

R

2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds[1]:	104
Set Up Beds[1]:	~~57~~ 117 VR BUMED 824 11/3/94 R STW BUMED-823
Expanded Bed Capacity[2]:	161 **(see note below)** R 9/23/94

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

Note: By using portable oxygen and suction to supplement embedded support, our expanded beds for <u>contingencies</u> is 184 beds.

R STW (23 Sep 94)
BUMED-823

2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds[1]:	104	
Set Up Beds[1]:	~~57~~ 117	BUMED-822
Expanded Bed Capacity[2]:	~~184~~ 221	MDH, 6 Jul 94

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

The following questions are designed to determine the level of services provided at your facility during FY 1993, your current maximum capability (i.e. your maximum capacity given the same set of parameters that you are currently functioning within), and the requirements of the community you support.

3. Workload. Complete the following table for FY 1993:

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY/OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	56,210	89,598	85,413/9356	240,577
ADMISSIONS	1,683	2,463	1,853/121	6,120
LABORATORY TESTS (WEIGHTED)[1] (See note)	N/A	N/A	N/A	2,649,848
RADIOLOGY PROCEDURES (WEIGHTED)[1] (see note)				174,765
PHARMACY UNITS (WEIGHTED)[1] (See note)				758,792
OTHER (SPECIFY) (See note				N/A

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

Notes: - Laboratory, Radiology and Pharmacy do not report work by beneficiary group.
- The above figures represent workload reported for the core hospital only.

BUMED-822
MSS, 6 Jul 94

3a. Workload. Complete the following table for your maximum capacity. Assume the same facility, staff, equipment, and supplies you currently have. Do not change your scope of practice. **Show all calculations and assumptions in the space below.**

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY/OTHER	TOTAL OF EACH ROW (Note 6)
OUTPATIENT VISITS (note 1 and 2)	34,020	94,950	99,143	228,113
ADMISSIONS (note 2 and 3)	1,728	2,125	2,192	6,045
LABORATORY TESTS (WEIGHTED)[1] (note 4 and 5)	N/A	N/A	N/A	2,521,881
RADIOLOGY PROCEDURES (WEIGHTED)[1] (note 4 and 5)				175,619
PHARMACY UNITS (WEIGHTED)[1] (note 4 and 5)				695,449
OTHER (SPECIFY)				N/A

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

BUMED-822
MSA, 6 Jul 97

Assumption: RAPS calculations optimize MTF.

Notes:
(1) Outpatient visits reflect maximum capacity as defined by RAPS. RAPS allocation of care to MTF, is first to active duty. Projections then optimize facility, with no prioritization of other beneficiary types. RAPS is intended as a planning tool and projections may not accurately reflect true utilization of the MTF.
(2) NAVHOSP Pensacola catchment area beneficiary population decreased between FY92 and FY93 due to homeport change of USS FORRESTAL (AVT-59). Loss of the vessel reduced Pensacola active duty and active duty dependent census by 2,072 and 2,320, respectively.
(3) Admissions equal RAPS projected beddays divided by FY93 actual average length of stay reported by RCMAS. Beddays - 8866 AD, 4739 ADD and 8024 all other. ALOS- 5.13 AD, 2.23 ADD and 3.66 for all others. Beddays projected by RAPS reflect maximum capacity.
(4) Laboratory, Radiology and Pharmacy do not report work by beneficiary group.
(5) Laboratory, Radiology and Pharmacy projections based on FY92 and FY93 average utilization in proportion to sum of outpatient visits and admissions reported.
(6) Workload represents core hospital only.

LAB	TOTAL VISITS/ADMS	TOTAL REPORTED WORKLOAD	WORKLOAD TO VISITS/ADMS	FY92/93 AVERAGE WORKLOAD TO VISITS/ADMS
FY92	256,841	2,771,439	10.79	
FY93	246,697	2,649,848	10.74	10.77

RAD	TOTAL VISITS/ADMS	TOTAL REPORTED WORKLOAD	WORKLOAD TO VISITS/ADMS	FY92/93 AVERAGE WORKLOAD TO VISITS/ADMS
FY92	256,841	203,689	.79	
FY93	246,697	174,765	.71	.75

PHAR	TOTAL VISITS/ADMS	TOTAL REPORTED WORKLOAD	WORKLOAD TO VISITS/ADMS	FY92/93 AVERAGE WORKLOAD TO VISITS/ADMS
FY92	256,841	735,331	2.86	
FY93	246,697	758,792	3.08	2.97

3b. Workload. Complete the following table for the current workload demand of your supported population. Assume you are to provide all the care in your facility for your catchment area. **Show all calculations and assumptions in the space below.**

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY/OTHER	TOTAL OF EACH ROW
OUTPATIENT VISITS	85,352	157,151	186,681	429,184
ADMISSIONS	1,143	4,537	4,970	10,650
LABORATORY TESTS (WEIGHTED)[1]	N/A	N/A	N/A	4,737,012
RADIOLOGY PROCEDURES (WEIGHTED)[1]				329,876
PHARMACY UNITS (WEIGHTED)[1]				1,306,307
OTHER (SPECIFY)				N/A

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

BUMED-82 MSA, 6 Jul 9

Notes:
- Radiology, pharmacy and laboratory workload cannot be provided by beneficiary category.
- See question 3a for utilization factors developed for projecting radiology, pharmacy and laboratory workload.
- See question 3a for methodology in calculating admissions.
- Outpatient visits and beddays reported by RAPS include direct care and indirect care for local origin and nonlocal destination care. RAPS projection represents total demand of catchment area beneficiaries.
- MTF cannot provide services beyond the level indicated in question 3a without additional resourcing.

SERVICE	PROJECTED TOTAL OUTPATIENT VISITS AND ADMISSIONS	WORKLOAD FACTOR	PROJECTED WORKLOAD
Laboratory	439,834	10.77	4,737,012
Radiology	439,834	.75	329,876
Pharmacy	439,834	2.97	1,306,307

4. Staffing. Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care). Please include military, civilian, and contract providers. Do not include partnerships.

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1] *	44	44	44	44	44	44	44	44
SPECIALTY CARE[2] **	25	25	25	25	25	25	25	25
PHYSICIAN EXTENDERS[3] *	17	17	17	17	17	17	17	17
INDEPENDENT DUTY CORPSMEN	3	3	3	3	3	3	3	3
TOTAL	89	89	89	89	89	89	89	89

[1] This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.
[2] This is all other physician providers not included in the primary care category.
[3] This includes Physician Assistants and Nurse Practitioners.

Staffing reflects authorized billets for core hospital (UIC 00203 less branch clinics NAS Pensacola and NTTC Corry Station). Potential increases as a result of previous BRAC actions not considered. Interns and Residents not included.

* **INCLUDES PROVIDERS FOR EMERGENCY MEDICINE/ACUTE CARE CONTRACT TO START 01 SEPTEMBER 1994, THIS CONTRACT HAS 4.5 OPTION YEARS IN WHICH THE NUMBER OF PROVIDERS MAY INCREASE AS PATIENT VISITS INCREASE. TO DETERMINE THE NUMBER OF PROVIDERS FOR THE EMERGENCY ROOM PORTION OF THE CONTRACT IT WAS ASSUMED THAT IF THE EMERGENCY ROOM WAS MANNED 24 HOURS A DAY/7 DAYS A WEEK BY ONE PROVIDER IT WOULD EQUATE TO 730.464 MONTHLY MANHOURS OF COVERAGE. THE CONTRACTOR ESTIMATES THAT 1,880 HOURS OF PRODUCTIVE TIME EQUALS ONE FULL TIME EQUIVALENT. THIS WOULD EQUATE TO 156.666 MONTHLY MANHOURS (1,880/12) OR 4.66 (730.464/156.666) OR 5 PROVIDERS. THE AMBULATORY CARE CLINIC PORTION OF THE CONTRACT REQUIRES 611.324 MONTHLY MANHOURS FOR A PROVIDER AND 495.098 FOR A PHYSICIAN EXTENDER, THIS WOULD EQUATE TO 4 PROVIDERS (611.324/156.666) AND 3 PHYSICIAN EXTENDERS (495.098/156.666). ONE PROVIDER FOR OB/GYN CONTRACT WAS ALSO ADDED, THIS CONTRACT HAS OPTIONS FOR ADDITIONAL PROVIDERS IF WORKLOAD INCREASES.**

** **DOES NOT INCLUDE RADIOLOGICAL INTERPRETATION CONTRACT WHICH EQUATES TO ONE PHYSICIAN.**

LOCATION

5. Community Providers. Complete the following table for the civilian providers within your 40 mile catchment area. The catchment area is defined as sets of zip codes emanating from the center of the ZIP code in which the MTF is located with a radius of 40 miles. If you are required to use another boundary please define the geographical region and the reason for its use.

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	163
SPECIALTY CARE[2]	161
PHYSICIAN EXTENDER[3]	NOTE A
TOTAL	324

[1] This includes General Practioners, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

[2] This is all other physician providers not included in the primary care category.

[3] This includes Physician Assistants and Nurse Practitioners.

NOTE A : PHYSICIAN EXTENDER - UNABLE TO CAPTURE DATA AT THIS TIME. DATA OBTAINED FROM PHONE DIRECTORY. BOUNDARY UTILIZED WAS SANTA ROSA AND ESCAMBIA COUNTIES IN FLORIDA AND BALDWIN COUNTY IN ALABAMA.

6. Regional Population. Please provide the U. S. Census population for your 40 mile catchment area. If you are required to use another boundary please define the geographical region and the reason for its use. Also list the source of this information. This value should include your beneficiary population.

Region Population: 344,406 (U. S. CENSUS REPORT, 1990)

7. Regional Community Hospitals. Please list in the table below all the community hospitals (as defined in the American Hospital Association publication Hospital Statistics)in your region (include military, civilian, and any federal facilities including Veterans Affairs):

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
West Florida Regional Medical Center	Northwest Florida Columbia/HCA Network	14 miles	30 minutes	MOU FOR TRANSFER OF PATIENTS
Baptist Hospital	Baptist Health Care Network	7 miles	15 minutes	MOU FOR LIFEFLIGHT SUPPORT AND SUPPORT FOR INTEGRAL PARTS OF TRAINING FOR GME PROGRAM
Sacred Heart Hospital	Daughters of Charity	10 miles	20 minutes	MOU FOR SUPPORT OF INTEGRAL PARTS OF TRAINING FOR GME PROGRAM
Santa Rosa Medical Center	HCA - Health Corporation of America	35 miles	50 minutes	N/A
Thomas Hospital	Baldwin County Eastern Shore Care Authority	30 miles	30-40 minutes	N/A
Gulf Breeze Hospital	Baptist Health Care Network	18 miles	20-25 minutes	N/A
Naval Hospital Pensacola	U. S. Navy	0		N/A
South Baldwin	Affiliate of the South Baldwin County Hospital Association	25 miles	30 minutes	N/A
Jay	Baptist Health Care Network	38 miles	50 minutes	N/A

[1] Distance in driving miles from your facility
[2] List any partnerships, MOUs, contracts, etc with this facility

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MAL, 27 Jul 89
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NAVHOSP
Pensacola, 00203
Revised pg

7. Regional Community Hospitals. Please list in the table below all the community hospitals (as defined in the American Hospital Association publication Hospital Statistics)in your region (include military, civilian, and any federal facilities including Veterans Affairs):

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
West Florida Regional Medical Center	Northwest Florida Columbia/HCA Network	14 miles	30 minutes	MOU FOR TRANSFER OF PATIENTS
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Sacred Heart Hospital	Daughters of Charity	10 miles	20 minutes	MOU FOR SUPPORT OF INTEGRAL PARTS OF TRAINING FOR GME PROGRAM
Santa Rosa Medical Center	HCA - Health Corporation of America	35 miles	50 minutes	N/A
Thomas Hospital	Baldwin County Eastern Shore Care Authority	30 miles	30-40 minutes	N/A
Gulf Breeze Hospital	Baptist Health Care Network	18 miles	20-25 minutes	N/A
Naval Hospital Pensacola	U. S. Navy	0		N/A
Jay	Baptist Health Care Network	38 miles	50 minutes	N/A

[1] Distance in driving miles from your facility
[2] List any partnerships, MOUs, contracts, etc with this facility

7a. Regional Community Hospitals. For each facility listed in the preceding table complete the following table:

FACILITY *	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
West Florida Regional Medical Center	577	yes	51%	Provides the most comprehensive services of all NW Florida Hospital. They also have only Rehabilitation Services in a 40 mile radius
Baptist Hospital	562	yes	55.2%	Provides the only specialized trauma center within 50 mile radius. Not able to do Cardiothoracic Surgery
Sacred Heart Hospital	411	yes	74.4%	Regional center for high-risk pregnancies, neonatal and pediatric care
Santa Rosa Medical Center	149	yes	45%	
Thomas Hospital	164	yes	50%	
Gulf Breeze Hospital	60	yes	36.8%	
Naval Hospital Pensacola	104**	yes	51.9%	Family Practice GME program
South Baldwin	92	yes	53%	8 million dollar expansion project for new labor/delivery/post partum unit, Radiology Suite, etc.
Jay	55	yes	45.2%	Provides extended nursing care - swing bed system

[1] Use definitions as noted in the American Hospital Association publication Hospital Statistics.

[2] Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

* Civilian institutions provided information concerning their institution. NAVHOSP Pensacola cannot validate data accuracy.

** Operating Beds as defined by BUMEDINST 6320.69 and 6321.3. Does not include 20 bassinets. The occupancy rate of 51.9%, is occupancy of 104 operating beds and does not include an average census of 5 newborns.

Revised PG

7a. Regional Community Hospitals. For each facility listed in the preceding table complete the following table:

FACILITY *	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
West Florida Regional Medical Center	577	yes	51%	Provides the most comprehensive services of all NW Florida Hospital. They also have only Rehabilitation Services in a 40 mile radius
Baptist Hospital	562	yes	55.2%	Provides the only specialized trauma center within 50 mile radius. Not able to do Cardiothoracic Surgery
Sacred Heart Hospital	411	yes	74.4%	Regional center for high-risk pregnancies, neonatal and pediatric care
Santa Rosa Medical Center	149	yes	45%	
Thomas Hospital	164	yes	50%	
Gulf Breeze Hospital	60	yes	36.8%	
Naval Hospital Pensacola	104**	yes	51.9%	Family Practice GME program
Jay	55	yes	42.5%	Provides extended nursing care - swing bed system

[1] Use definitions as noted in the American Hospital Association publication Hospital Statistics.

[2] Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

* Civilian institutions provided information concerning their institution. NAVHOSP Pensacola cannot validate data accuracy.

** Operating Beds as defined by BUMEDINST 6320.69 and 6321.3. Does not include 20 bassinets. The occupancy rate of 51.9%, is occupancy of 104 operating beds and does not include an average census of 5 newborns.

c. Training Facilities:

(1) By facility Category Code Number (CCN), provide the usage requirements for each course of instruction required for all formal schools on your installation. A formal school is a programmed course of instruction for military and/or civilian personnel that has been formally approved by an authorized authority (ie: Service Schools Command, Weapons Training Battalion, Human Resources Office). Do not include requirements for maintaining unit readiness, GMT, sexual harassment, etc. Include all applicable 171-*xx*, 179-*xx* CCN's.

Type of Training Facility/CCN	School	Type of Training	FY 1993 Requirements			FY 2001 Requirements		
			A	B	C	A	B	C
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

A = STUDENTS PER YEAR
B = NUMBER OF HOURS EACH STUDENT SPENDS IN THIS TRAINING FACILITY FOR THE TYPE OF TRAINING RECEIVED
C = A x B

(2) By Category Code Number (CCN), complete the following table for all training facilities aboard the installation. Include all 171-*xx* and 179-*xx* CCN's.

For example: in the category 171-10, a type of training facility is academic instruction classroom. If you have 10 classrooms with a capacity of 25 students per room, the design capacity would be 250. If these classrooms are available 8 hours a day for 300 days a year, the capacity in student hours per year would be 600,000.

Type Training Facility/CCN	Total Number	Design Capacity (PN)[1]	Capacity (Student HRS/YR)
N/A	N/A	N/A	N/A

(3) Describe how the Student HRS/YR value in the preceding table was derived.
N/A

[1] Design Capacity (PN) is the total number of seats available for students in spaces used for academic instruction; applied instruction; and seats or positions for operational trainer spaces and training facilities other than buildings, i.e., ranges. Design Capacity (PN) must reflect current use of the facilities.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

M. BALSAM
NAME (Please type or print)

M. Balsam
Signature

COMMANDING OFFICER
Title

24 June 94
Date

NAVAL HOSPITAL PENSACOLA FL (UIC 00203)
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title July 6, 1994 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print) W A Earner Signature

Title 7/30/94 Date

pg 12+13

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL 7-27-94

Title Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) J B Greene Jr Signature

ACTING 17 AUG 1994

Title Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

R. A. LOCKHART
NAME (Please type or print)

Signature

COMMANDING OFFICER, ACTING
Title

940725
Date

NAVAL HOSPITAL, PENSACOLA (UIC: 00203)
Activity

Resubmission for question 7. and 7.a.:

Provides information regarding South Baldwin Community Hospital which was not available at the time of the original submission and to correct the transposition of numbers concerning the occupancy rate for Jay Hospital.

DATA CALL #26 - CAPACITY ANALYSIS

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

M. BALSAM
NAME (Please type or print)

M Balsam
Signature

COMMANDING OFFICER
Title

23 Sept 94
Date

NAVAL HOSPITAL, PENSACOLA (UIC: 00203)
Activity

DATA CALL #26, QUESTION 2 - CAPACITY ANALYSIS

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X 10/3/94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) J B Greene Jr Signature

ACTING

Title 10 OCT 1994 Date

Document Separator

387

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: NAVAL HOSPITAL, PENSACOLA, FLORIDA
ACTIVITY UIC: 00203

Category.....Personnel Support
Sub-category.....Medical
Types.....Clinics, Hospitals, Medical Centers

April 4, 1994

**********If any responses are classified, attach separate classified annex**********

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MISSION REQUIREMENTS

1. Mission Statement. State the mission of your medical facility in sufficient detail so that it can be distinguished from other medical facilities.

Our mission is healthcare, health promotion, readiness, and training.

We provide comprehensive healthcare to prevent illness and injury and to restore optimal health through effective management and coordination of resources including actively participating in regional Lead Agent initiatives and healthcare services multipliers to enhance access to and quality of care while controlling cost.

We preserve and maintain readiness by ensuring the health of the military forces entrusted to our care in order to maintain a dynamic capability to contribute fully to the Total Force Medical Requirements of the Navy and Marine Corps in support of its worldwide mission.

We maintain an effective medical readiness capability to quickly respond to contingency takings including medical personnel and supply support to combat operations; humanitarian relief efforts, both locally and missions in and out CONUS; local and regional emergency disaster relief support; and the capability to assist other DOD medical commands during periods of acute personnel shortages.

We maintain, refine, and hone our unique military and medical skills in order to provide trained personnel for Surgical Team Seven, Medical Regulating Team Seven, Fleet Hospital FIFTEEN and other Fleet Hospitals, USNS COMFORT (T-AH 20), Amphibious Task Force, and other deployable units as identified by the Medical Personnel Augmentation System (MPAS).

We serve as a mobilization and training site for reserve units, provide administrative and clinical training to reserve personnel, and take full advantage of reserve personnel to extend our clinical capabilities.

We provide direct medical support to operating forces, training elements of operating forces, and other units in the area which carry out missions in direct support of operational elements.

We promote healthcare team excellence by supporting professional development, education, and training.

We maintain an environment which promotes continuous improvement, encourages information flow at all levels, and eliminate barriers to communication.

We train Hospital Corpsmen and other enlisted personnel ratings and Medical, Dental, Medical Service, Nurse, and other Corps to function effectively and efficiently in the Navy and DOD healthcare system as well as in the military service.

We provide a wide range of inpatient and outpatient healthcare services in the core hospital at Pensacola, Florida and outpatient services at seven branch medical clinics in Florida and Mississippi.

We provide regional occupational health surveillance and monitoring, preventive medicine, and industrial health in Pensacola and the Gulf Coast from New Orleans, Louisiana to Panama City, Florida.

We provide specialized services such as conducting medical boards, coordinating the Decedent Affairs Program, and coordinating aeromedical evacuations.

We provide a level II emergency room and an ambulance service in support of the military commands and beneficiaries in the Pensacola area. At branch medical clinics in Florida and Mississippi, we provide ambulance services which includes emergency response to medical emergencies as well as support to Navy flight line and base operations.

We contract and enter into partnerships with civilian healthcare providers in order to expand services to beneficiaries.

We provide an accredited Family Practice Residency Program which emphasizes Family Practice Principles and medical care that is consistent with current practices and takes into account training that is unique to the military environment in order to produce primary care physicians fully prepared to serve in the multiple roles of Naval Medical Officers.

We conduct research, as appropriate for training purposes and consistent with resource constraints.

We develop and implement strategic plans, goals, and objectives to more effectively utilize personnel and material resources and respond to changes in the healthcare marketplace. We provide analysis and information to higher authority in response to data calls and in order to identify present and projected workload as well as accompanying budgetary, personnel, equipment, and military construction requirements.

We provide a hospital-based residential alcohol rehabilitation service for active duty personnel and other beneficiaries on a space available basis.

We operate and maintain for our enlisted staff a Bachelor Enlisted Quarters.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
NAVTECHTRACEN	63082	NTTC CORRY STATION	2006
NAVAVSCOLCOMD	30500/ 62229	NAS PENSACOLA	1425
NAS PENSACOLA	00204	NAS PENSACOLA	767
NAVHOSP	00203/ 32561	NTTC CORRY STATION	675
NAS WHITING FIELD	60508	NAS WHITING FIELD	507
NORU	39088	NAS PENSACOLA	363
TRARON TEN	0614A	NAS PENSACOLA	305
HELTRARON EIGHTEEN	52838	NAS WHITING FIELD	289
HELTRARON EIGHT	0411A	NAS WHITING FIELD	289
NAMI	0751A/ 30642	NAS PENSACOLA	257
TRARON TWO	0393A	NAS WHITING FIELD	243
TRARON SIX	0397A	NAS WHITING FIELD	240
TRARON THREE	0394A	NAS WHITING FIELD	237
NETPMSA	68322	SAUFLEY FIELD	231
DODPHOTOSCHOOL	HQ0045	NAS PENSACOLA	201
TRARON EIGHTY-SIX	52902	NAS PENSACOLA	180
HC-16	35935/ 53826/ 42433	NAS PENSACOLA	172
NSGA	46829	NTTC CORRY STATION	122
NAVFLIGHTDEMRON	30929	NAS PENSACOLA	118
MATSG	M67389	NAS PENSACOLA	100
CNET	00062/ 45986	NAS PENSACOLA	69
CBU-402	66610	NAS PENSACOLA	59
TRAWING FIVE	52813	NAS WHITING FIELD	58

TRARON FOUR	0395A	NAS PENSACOLA	57
NAVHOSPBRCLIN	32558	NAS WHITING FIELD	52
NAVDENCENTER	45937/ 68441	NAS PENSACOLA	51
NAVHOSPBRCLIN	00203/ 32557	NAS PENSACOLA	47
TRAWING SIX	52814/ 45593	NAS PENSACOLA	43
NAMRL	66452	NAS PENSACOLA	41
US COAST GUARD DET	Z36239	NAS PENSACOLA	37
PERSUPPDET	43081	NAS PENSACOLA	36
NCTS	68142/ 33281/ 47634	NAS PENSACOLA	33
NADEP PENSACOLA	65889	NAS PENSACOLA	33
NREC	63011	NAS PENSACOLA	24
NAVLEGSVCOFF	68366	NSA PENSACOLA	23
FISC	68860/ 46727	NAS PENSACOLA	21
PERSUPPACT	68609	NAS PENSACOLA	21
PERSUPPDET	43082	NTTC CORRY STATION	21
PERSUPACTDET	43083	NAS WHITING FIELD	20
NOCD PENSACOLA	65779	NAS PENSACOLA	19
NAVRESCEN	61949	SAUFLEY FIELD	16
DECACOMSTO	DCSR19/ 49225	NAS PENSACOLA	14
NPWC	65114	NAS PENSACOLA	11
VET CLINIC	W2MQ07	NAS PENSACOLA	11
BRDENCLINIC	39069	NAS WHITING FIELD	11
NATMSACTCAU	49152/ 68929	NAS PENSACOLA	10
NOCD WHITING FIELD	65782	NAS WHITING FIELD	10
NAVDENCENTER	68441	NTTC CORRY STATION	8
TSC-JOAP	HQ0046	NAS PENSACOLA	6
NATMSACTDET	49155	NAS WHITING FIELD	5

NETSAFA	68870	NAS PENSACOLA	5
COOPMINE-2211	46473	NAS PENSACOLA	4
NEX	39231/ 66265	NAS PENSACOLA	4
OICC/ROICC	62467	NAS PENSACOLA	4
DECA	49224	NAS WHITING FIELD	4
NETSAFADET	47565	NAS PENSACOLA	3
MATSG	67389	NAS WHITING FIELD	2
NCTS	33283	NAS WHITING FIELD	2
DDPF	49360/ SB3515	NAS PENSACOLA	2
NETSAFA	48575	NAS WHITING FIELD	1
NAVAIRSYSCOMPRGMGR	46775	NAS PENSACOLA	1
NAVY CAMPUS	49309	NAS PENSACOLA	1
ROICC	64461	NAS WHITING FIELD	1
NAVMCTRLJUD	32106	NAS PENSACOLA	1

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

Source: CNET Economic Impact Report of 4 May 94.

3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY **	AVERAGE DAILY PATIENT LOAD ***
ACTIVE DUTY N/MC	1624	32,319	5.30	24
ACTIVE DUTY NON N/MC	104	1,701	2.64	1
TOTAL ACTIVE DUTY	1728	34,020		25
FAMILY OF AD	2125	94,950	2.23	13
RETIRED AND FAMILY MEMBERS AND OTHERS UNDER 65	1245	78,760	3.44	12
RETIRED AND FAMILY MEMBERS AND OTHERS OVER 65	948	20,383	4.22	11
OTHER	*	*	2.70	****
TOTAL	6046	228,113		61

SOURCE: RAPS FY94 PROJECTED WORKLOAD BASED UPON FY92 BASE YEAR UTILIZATION (LOCAL AND NON-LOCAL ORIGIN WORKLOAD INCLUDED)

What is your occupancy rate for FY 1994 to date? 51.9%

*RAPS PROJECTION COMBINE RET/RET FAM/OTHER IN WORKLOAD PROJECTION.
**ALOS BASED ON FY93 HISTORICAL DATA AS REPORTED BY RCMAS.
***ADPL DETERMINED BY ALOS X ADMISSIONS/12 (MONTHS PER YEAR)/30.438 (AVERAGE DAYS IN A MONTH).

****OTHER ADPL INCLUDED WITH RET/RET DEP PROJECTIONS

4. Projected Workload. Complete the following tables for your projected workload. Please show and develop any assumptions and calculations used to complete the table. Be sure to note any impact prior closure and realignment decisions have had on your facility.
Please be sure to include any impact your participation in the managed care initiative (TRICARE), previous BRAC actions, and force structure reductions will have on your workload.

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPATIENT VISITS	292,094	292,440	292,522	292,518	292,518	N/A	N/A
ADMISSIONS	4,563	4,588	4,808	4,804	4,804	N/A	N/A

Please show all assumptions and calculations in the space below:

Source of information is RAPS model projection report. RAPS does not project beyond FY99. Outpatient visits is NAVHOSP PENSACOLA rollup which includes NAVHOSP Pensacola and branch clinics NAS Pensacola, NTTC Corry Station and NAS Whiting Field. Admission projection for dispositions vice admissions.

RAPS projection does not reflect the additional active duty and active duty dependents scheduled to come to Pensacola under BRAC between FY95 and FY97. Current plans include construction of another medical/dental clinic at the new NAS Pensacola "Campus" to treat active duty personnel, and expanding the existing hospital to compensate for current shortfalls as well as treating both the new active duty and active duty dependents. Workload beyond the capacity of the hospital would require referral to civilian providers under CHAMPUS. Preliminary estimates in earlier BRAC planning projected hospital outpatient visits to increase approximately 14% and admissions to increase by 17%. Outpatient workload increase projected for NAS Pensacola is estimated at 141%. Workload projections will fluctuate according to the number of beneficiaries calculated for relocation to Pensacola under BRAC.

5. Medical Support. Indicate in the table below all the medical support you provide that is not direct patient care, and identify the time spent providing such support (i.e. food service inspections, medical standby for physical fitness tests, flight operations, field training,rifle range, MWR support for sporting events, etc.).

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR (HRS)	FTE PER QTR
Support Services (MEPRS Code E)	158090.94	941.02
Special Programs (MEPRS Code F)	30671.76	182.57
Readiness Planning and Admin (MEPRS Code G)	2532.18	15.07

NOTE: - MEPRS codes E, F, and G provide the most available and reliable source to account for time not spent in direct patient care. MEPRS codes E, F, G may include time not providing medical support, but we cannot ascertain an exact figure. Original column heading "STAFF NEEDED/EVENT' changed to 'FTE PER QTR' to reflect MEPRS data.

6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
Family Practice Residency	6	8*	8	8	8	8	8	8

*Anticipated for FY 95 and outyears, if no academic difficulties encountered

6a. Graduate Medical Education. Complete the following table for each Graduate Medical Education program that requires accreditation by the Accreditation Council for Graduate Medical Education (ACGME):

PROGRAM	STATUS[1]	CERT.[2]	COMMENTS[3]
Family Practice Residency	F	100	

[1] Use F for fully accredited, P for probation, and N for not accredited.
[2] List the percentage of program graduates that achieve board certification.
[3] Complete this section for all programs that you entered a P or N in the Status column. Indicate why the program is not fully accredited and when it is likely to become fully accredited.

FACILITIES

7. Facilities Description. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Medical Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
51010	NAVHOSP PENSACOLA	283635	19	ADEQUATE
51077	WAREHOUSE	17890	19	ADEQUATE
72111	BEQ	17908	19	ADEQUATE
44130	FLAMMABLE/HAZARDOUS STOWAGE	800	14	ADEQUATE
74078	PICNIC PAVILION	1536	15	ADEQUATE

[1] Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

[2] This should be based on NAVFACINST 11011.44E Shore Facilities Planning Manual and the condition recorded should be recorded as Adequate, Substandard, or Inadequate. Chapter 5 of NAVFACINST 11011.44E provides guidance on this scoring system.

7a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information: N/A

1. Facility Type/Code:
2. What makes it inadequate?
3. What use is being made of the facility?
4. What is the cost to upgrade the facility to substandard?
5. What other use could be made of the facility and at what cost?
6. Current improvement plans and programmed funding:
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?

7b. Capital Improvement Expenditures. List the project number, description, funding year, and value of the **capital improvements at your facility completed (beneficial occupancy) during 1988 to 1994.** Indicate if the capital improvement is a result of BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

7c. Planned Capital Improvements. List the project number, funding year, and value of the **non-BRAC related capital improvements planned** for years 1995 through 1997.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
MILCON P604	EXPAND NAVAL HOSPITAL, PENSACOLA	UNKNOWN	$11.1M
21-872	AUTOMATIC SPRINKLER SYSTEM, NAVHOSP	UNKNOWN	$1.5M

7d. Planned Capital Improvements. List the project number, description, funding year, and value of the **BRAC related capital improvements planned** for 1995 through 1999.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
N/A			

7e. Please complete the following Facility Condition Assessment Document (FCAD) DD Form 2407: Instructions follow the form.

Note - Facility Condition Assessment Document (FCAD) DD Form 2407: Naval Hospital, Pensacola has recently had a basic facilities requirement (BFR) assessment conducted by HSO Jacksonville, FL. This assessment, based on the new DoD criteria, preliminarily indicates over a 200,000 square foot deficiency. This command has since requested a $300K study and has received approval to update the engineering evaluation, functional analysis and deficiency tabulation of the existing facility. In order to complete DD form 2407 prior to the completion of the detailed study, a rough evaluation was performed by the NAVHOSP Pensacola staff. The gross square footage of all existing spaces was compared against a reasonable interpretation of the requirements outlined in the HSO Jacksonville BFR study. The results of this evaluation are indicated.

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)	DD-H(A)1707	DMIS ID NO 038

1. FACILITY NAME NAVAL HOSPITAL PENSACOLA FL			
2. UIC N00203	3. CATEGORY CODE 51010	4. NO. OF BUILDINGS 1	
5. SIZE	A. GSF 283,635	B. NORMAL BEDS 161	C.DTRS 4
6. LOCATION	A. CITY PENSACOLA	B.STATE FL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	%ADEQUATE	%SUBSTANDARD	%INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	85	15		B-17	
(2) ADMINISTRATION	80	20		B-12	
(3)CENTRAL STERILE SVCS	85	15		B-12	
(4)DENTAL	60	40		B-12	
(5) EMERGENCY SVCS.	60	40		B-12	
(6) FOOD SERVICES	90	10		B-12	
(7)LABORATORIES	75	25		B-12	
(8) LOGISTICS	85	15		B-12	
(9) INPATIENT NURSING UNITS	100				
(10) LABOR-DEL-NURSERY	60	40		B-12	
(11) OUTPATIENT CLINICS	60	40		B-12	
(12) PHARMACY	50	50		B-12	
(13) RADIOLOGY	60	40		B-12	
(14) SURGICAL SUITE	60	40		B-12	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	75	25		C-17	
(B) HVAC	75	25		C-17	
(C) PLUMBING	75	25		C-17	
(D) ELECTRICAL SVCS.	75	25		C-17	
(E) ELECTRICAL DISTRIBUTION	75	25		C-17	
(F) EMERGENCY POWER	75	25		C-17	

M. BALSAM
CAPTAIN, MEDICAL CORPS
UNITED STATES NAVY
COMMANDING OFFICER

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)				DD-H(A)1707	DMIS ID NO 038
1. FACILITY NAME NAVAL HOSPITAL, MEDICAL STORAGE WAREHOUSE, PENSACOLA, FL					
2. UIC 00203	3. CATEGORY CODE 51077		4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 17,890		B. NORMAL BEDS N/A		C.DTRS N/A
6. LOCATION	A. CITY PENSACOLA			B.STATE FL	
7. FACILITY ASSESSMENT					
FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	N/A				
(3)CENTRAL STERILE SVCS.	N/A				
(4)DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7)LABORATORIES	N/A				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

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DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)	DD-H(A)1707	DMIS ID NO 038

1. FACILITY NAME BACHELOR ENLISTED QUARTERS, NAVAL HOSPITAL, PENSACOLA, FL			
2. UIC 00203	3. CATEGORY CODE 72111	4. NO. OF BUILDINGS 1	
5. SIZE	A. GSF 17,908	B. NORMAL BEDS N/A	C.DTRS N/
6. LOCATION	A. CITY PENSACOLA	B.STATE FL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	N/A				
(3)CENTRAL STERILE SVCS.	N/A				
(4)DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7)LABORATORIES	N/A				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	60	40		A-11,B-17	
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

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DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)	DD-H(A)1707	DMIS ID NO 038

1. FACILITY NAME NAVAL HOSPITAL, FLAM/HAZARDOUS STOWAGE, PENSACOLA, FL			
2. UIC 00203	3. CATEGORY CODE 44130	4. NO. OF BUILDINGS 1	
5. SIZE	A. GSF 800	B. NORMAL BEDS N/A	C.DTRS N/A
6. LOCATION	A. CITY PENSACOLA	B.STATE FL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	N/A				
(3)CENTRAL STERILE SVCS.	N/A				
(4)DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7)LABORATORIES	N/A				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

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DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)	DD-H(A)1707	DMIS ID NO 038

1. FACILITY NAME NAVAL HOSPITAL, PICNIC PAVILION, PENSACOLA, FL			
2. UIC 00203	3. CATEGORY CODE 74078	4. NO. OF BUILDINGS 1	
5. SIZE	A. GSF 1,536	B. NORMAL BEDS N/A	C.DTRS N/A
6. LOCATION	A. CITY PENSACOLA	B.STATE FL	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	N/A				
(3)CENTRAL STERILE SVCS.	N/A				
(4)DENTAL	N/A				
(5) EMERGENCY SVCS.	N/A				
(6) FOOD SERVICES	N/A				
(7)LABORATORIES	N/A				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	N/A				
(10) LABOR-DEL-NURSERY	N/A				
(11) OUTPATIENT CLINICS	N/A				
(12) PHARMACY	N/A				
(13) RADIOLOGY	N/A				
(14) SURGICAL SUITE	N/A				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	N/A				

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1. This form is not intended to be used as detailed engineering evaluation of the condition of the facilities. It is primarily designed to assist in assessing the adequacy and condition of Medical/Dental Facilities. Complete only one form for all of your facilities.

2. The Functions/Systems should be evaluated on a consolidated basis for the entire facility.

3. Not more than 4 deficiencies should be identified in the Deficiency Codes column for each item listed under the Function/System column.

4. Fill in N/A (not applicable) where certain Function/System is not present in the facility. For example, Inpatient Nursing Units and Labor-Delivery-Nursery are not applicable to Clinics.

5. Numbers under % Adequate, % Substandard, % Inadequate must total 100 for each function/System.

6. After completion, the form must be signed by the Commander/Commanding Officer/Officer-in-Charge of the facility.

7. Use DoD Standard Data Element Codes for State when entering codes in item 6.

DEFINITIONS

CATEGORY CODE - Facility Category Code is a numeric code used to identify a particular use of Military Department's real property for Hospital and other Medical Facilities usage (i.e., building, structure or utility). The first three digits of the code are a DoD standard (DoDI 4165.3); the fourth, fifth and sixth (if applicable) digits are added to provide more definitive categorization of the Military Department's facilities.

CONSTRUCTION TYPE - Type is either Permanent, Semi-permanent, or Temporary construction at the time building was built.

% ADEQUATE - Percent Adequate is the capacity of a facility or portion thereof, in percentage form, that is in adequate condition and associated with a designated function (USE). Adequate is defined as being capable of supporting the designated function without a need for capital improvements.

% SUBSTANDARD - Percent Substandard is the capacity of a facility or portion thereof, in percentage form, that is in substandard condition and associated with a designated function (USE). Substandard is defined as having deficiencies which prohibit of severely restrict, or will prohibit or severely restrict within the next five years due to expected deterioration , the use of a facility for its designated function. Substandard is further defined as having deficiencies which can be economically corrected by capital improvements and/or repairs.

% INADEQUATE - Percent Inadequate is the capacity of a facility of portion thereof, in percentage form, that is in inadequate condition and associated with a designated function (USE). Inadequate is defined as having deficiencies due to physical deterioration, functional inadequacy or hazardous location or situation which prohibit or severely restrict, or will prohibit or severely restrict within the next five years, the use of a facility for its designated function. Inadequate is further defined as having deficiencies which cannot be economically corrected to meet the requirements of the designated function.

DEFICIENCY CODE - Code is a three character code indicating the type of deficiency existing in a facility or portion thereof that is in a substandard or inadequate condition and associated with a designated function (USE). The first character of the code indicates one of the six types of deficiencies. The next two characters specify the facility component(s) or related items which are deficient.

(1) Deficient Status of Condition Types - first character
- A - Physical Condition
- B - Functional or Space Criteria
- C - Design Criteria
- D - Location or Siting Criteria
- E - Nonexistence
- F - Total Obsolescence or Deterioration

01 - Heating, Ventilating and Air Conditioning (HVAC)
02 - Plumbing Fixtures
03 - Fire Protection/Life Safety Code
04 - Medical Gases
05 - Lighting Fixtures
06 - Power Capacity
07 - Emergency Generators
08 - Communications
09 - Building or Structure (total)
10 - Seismic Design
11 - Roof/Ceiling
12 - Building Interior/Configuration
13 - Sound Proofing/Excessive Noise
14 - Compliance of Installation with Master Plan
15 - OSHA Deficiency
16 - JCAH Deficiency
17 - Functionality
18 - Site Location
19 - Mission of the Base
20 - None

7f. Please provide the date of your most recent Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey and indicate the status of your certification. Also record your Life Safety Management score from that survey.

DATE OF SURVEY: 11/7-8/91
FULL ACCREDITATION: Yes
LIFE SAFETY MANAGEMENT SCORE: 1 (Record as 1,2,3,4,or 5)

8. Geographic Location. How does your geographic location affect your mission? Specifically, address the following:

a. What is the importance of your location relative to the clients supported?

Location is very important. The hospital is centrally located to support the numerous commands in the Pensacola complex area (NAS Pensacola, NAS Whiting Field and NTTC Corry Station) as well as shore and sea based commands located in Mississippi and northwest Florida.

b. What are the nearest air, rail, sea and ground transportation nodes?

Pensacola, Florida

c. Please provide the distance in miles that your facility is located from any military or civilian airfield that can accommodate a C-9 aircraft.

Distance (in miles): 7 (NAS PENSACOLA)

d. What is the importance of your location given your mobilization requirements?

N\A - Location not strategic to filling mobilization requirements.

e. On the average, how long does it take your current clients/customers to reach your facility?

The average commute time for the majority of patients is 15 to 20 minutes. Many patients reside or work within just minutes of the facility.

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

Non-specialty trained personnel are available and eagerly seek employment in the civil service. Pensacola's moderate climate and low cost of living significantly help recruiting from outside the area.

FEATURES AND CAPABILITIES

10. Capabilities. What would be the impact on the Navy and Marine Corps if the capabilities of your facility were to be lost? Answer this question in terms of the unique capabilities of your staff, equipment and facility.

While the basic medical needs of most catchment area beneficiaries could be met through a combination of the branch clinics remaining at NAS Pensacola (active duty only), NTTC Corry Station (active duty only), NAS Whiting Field and civilian healthcare services available locally, the following adverse effects would result from loss of capabilities of Naval Hospital Pensacola. Without NAVHOSP Pensacola, approximately 250,000 additional outpatient visits and 6,200 admissions would be referred annually to the local community or, with difficulty because of distance, to other DOD facilities. At the current CHAMPUS rate of (approximately) $6,000.00 per admission and $70.00 per outpatient visit, the catchment area costs could increase by $37,200,000 per year for inpatient services and $17,500,000 for outpatient services. The costs could be much higher since loss of the MTF would remove the major supplier of health care services for DOD beneficiaries, resulting in a civilian monopoly (and resulting increased cost per unit of service). Approximately 20 active duty personnel per month are received from commands worldwide for the 4 week program in Alcohol Rehabilitation. The Alcohol Rehabilitation Unit has recently expanded access to include some non-active duty beneficiaries. We, furthermore, are entertaining a proposal, now just in its infancy, to initiate a TRISERVICE Alcohol Rehabilitation Unit, as a residential program. Further analysis is needed to fully develop the impact of hospital closure on active duty readiness.

NAVHOSP Pensacola is one of five naval activities conducting graduate medical training in Family Practice. Loss of Family Practice training in Pensacola would decrease the number of family practitioners available to support DoD beneficiaries worldwide.

NAVHOSP Pensacola has regional responsibility to naval commands and reserve units for Safety and Occupational Health Programs and coordination of decedent affairs program for naval personnel. NAVHOSP Pensacola provides oversight, funding and administrative support to branch medical clinics located at seven naval commands situated from northwest Florida to Mississippi. The clinic in Mobile, Alabama closed in FY94 under BRAC.

NAVHOSP Pensacola is a receiving site for combat casualties. In addition, the hospital serves as a platform for augmentation of DOD units and civilian efforts during contingency and operational commitments.

NAVHOSP Pensacola provides in-hospital support for hyperbaric medicine at the Naval Aerospace and Operational Medical Institute.

The importance of the hospital will be accentuated with the addition of about 6,500 active duty and 3,100 active duty dependents scheduled to arrive in Pensacola in FY97 under BRAC.

The negative impact of 18,000 (projected number of personnel processed through Pensacola yearly) active duty personnel being required to seek inpatient and outpatient services from civilian sources is difficult to ascertain; decreased morale, increased time from work and personnel difficulties with medical boards would be expected.

10a. If your facility were to close without any change in beneficiary population would the remaining local health care infrastructure be able to absorb the additional workload? Please provide supporting information to your answer.

The local health care infrastructure appears to have capacity to meet most medical needs of current catchment area beneficiaries if the MTF closed, with the significant adverse effects noted in answer to question 10, including increased costs; increased time from duty; problems with administrative medical processes (e.g. medical boards); training and readiness losses. RAPS workload projections and medical resources available locally are shown below. Workload projections assume the core hospital closes and branch clinics remain open at NAS Whiting Field, NTTC Corry Station and NAS Pensacola. Inpatient projection excludes nonlocal destination workload that is already being referred outside the area. THE FOLLOWING DOES NOT REFLECT THE ADDITIONAL ACTIVE DUTY AND ACTIVE DUTY DEPENDENTS COMING TO PENSACOLA UNDER BRAC.

* Total outpatient services projected by RAPS for current population: 271,129

The community appears to have sufficient number of providers to support current outpatient workload. The estimated number of community providers within our 40 mile catchment area are shown below. The catchment area is defined as sets of zip codes emanating from the center of the ZIP code in which the MTF is located with a radius of 40 miles. No consolidated listing of providers for this area exists. The data shown below was collected from the Managed Care Query Application Program and reflects providers having accepted CHAMPUS claim(s) in the Pensacola catchment area during FY93. This listing excludes DOD and civilian providers who did not accept CHAMPUS during the year.

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	428
SPECIALTY CARE[2]	368
TOTAL	796

[1] This includes General Practitioners, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

[2] This is all other physician providers not included in the primary care category.

* The following shows inpatient workload projection for all beneficiary categories and inpatient capacity within the local community. The community appears to have the capacity and specialty services to support beneficiaries.

Projected workload:

BENEFICIARY	RAPS PROJECTED BEDDAYS	YEARLY BED REQUIREMENT (BEDDAYS PROJECTION/365)
Active Duty	4394	13
Dep Act < 65	9600	27
Others < 65	10587	30
Over 64	3958	11
Total	28,539	81

Inpatient capacity of regional community hospitals:

FACILITY	BEDS *	OCCUPANCY	EXCESS BED CAPACITY	UNIQUE FEATURES
West Florida Regional Medical Center	562	51 %	275	Provides services all of NW Florida Hospital. They also have only Rehabilitation Services in a 40 mile radius
Baptist Hospital	546	55.2 %	244	Provides a specialized trauma center within a 50 mile radius of Naval Hospital. Not able to do Cardiothoracic Surgery
Sacred Heart Hospital	391	74.4 %	100	Regional center for high-risk pregnancies, neonatal and pediatric care
Santa Rosa Medical Center	129	45 %	70	
Thomas Hospital	150	50 %	75	
Gulf Breeze Hospital	60	36.8%	37	
South Baldwin	82	53 %	39	
Jay	55	45.2%	30	Provides extended nursing care - swing bed system
	total 1975		total 870	

* Civilian institutions provided information concerning their institution. NAVHOSP Pensacola cannot validate data accuracy.

10b. If your facility were to close and the active duty and their families were to leave the area would the local community health care system be able to care for the residual eligible population? Please provide supporting information to your answer.

PARAMETERS:
- Facility includes NAVHOSP Pensacola and all medical clinics (NAS Pensacola, NAS Whiting Field and NTTC Corry Station) in the Pensacola complex area.
- All active duty and active duty dependents depart the Pensacola complex area.

The local health care infrastructure appears to have the capacity to absorb any workload required by the residual catchment area population if the MTFs closed and all active duty and active duty dependents departed the area. Per RAPS, workload projection of residual population includes 139,415 outpatient visits and 14545 beddays (2350 dispositions) of inpatient services. See question 10a showing capacity in community to meet demand. The negative effects of this scenario would be increased CHAMPUS cost in excess of current MTF costs, and decreased morale of the numerous retirees in this area. (Pensacola is said to have the highest retiree concentration of all zip codes.)

10c. If your inpatient care capability were to close, would the local community be able to absorb your current inpatient workload? Please develop all of your conclusions with supporting data and show it in the space below:

See responses to question 10 and 10a.

11. Mobilization. What are your facility's mobilization requirements?

a. If any of your staff is assigned to support a Hospital Ship, Fleet Hospital, Marine Corps unit, ship, or other operational unit during mobilization complete the following table:

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
FLEET HOSPITAL #8	45392	83
FLEET HOSPITAL #15	45399	107
MAG-27	09167	1
ASMRO	64216	1
NAVHOSP ROOSEVELT ROADS	65428	14
NAVHOSP ROTA SPAIN	66101	18
FLEET HOSPITAL #4	68684	63
3D FSSG	67436	11
FLEET HOSPITAL #5	68685	19
1ST MARINE BRIGADE	67339	35

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.

Additional workload can not be quantified for the above requirements, without knowing types of provider involved or demand for services by specialty at the time of training and time personnel are away from the command. However, during FY'93 the command sent 3 Medical Officers, 5 Medical Service Corps Officers, 15 Nurse Corps Officers, 26 Hospital Corpsman and 14 Non-medical personnel to the Fleet Hospital Orientation Course at Camp Pendelton, CA. During the same period the command received 549 Selected Naval Reserve (25 Medical Corps, 5 Dental Corps, 34 Medical Service Corps, 127 Nurse Corps, 17 Dental Technicians and 341 Hospital Corpsman) for annual training.

R

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds[1]: 161 **(see note below)** R CTW BUMED-823 (23 Sept 94)

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

Note: By using portable oxygen and suction to supplement embedded support, our expanded beds for <u>contingencies</u> is 184 beds.

29 R (23 Sept 94) CTW BUMED-823

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds[1]: ~~184~~ 221 BUMED MEO-825 GSA 7/14/94

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

12. Non-availability Statements. Please complete the following table for Non-availability statements (NAS):

NAS TYPE	FISCAL YEAR		
	1992	1993	1994 (30 APR 94)
INPATIENT	1474	1102	604
OUTPATIENT	699	525	331

13. Supplemental Care. Please complete the following table for supplemental care:

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994(30APR94)	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD	636	$290K	700	$305K	398	$166K
AD FAMILY	275	$86K	157	$76K	78	$31K
OTHER	169	$71K	95	$47K	131	$66K
TOTAL	1080	$447K	952	$428K	607	$263K

[1] The total number of consults, procedures and admissions covered with supplemental care dollars.

[2] The total cost in thousands of dollars.

14. Costs. Complete the following table regarding your outpatient costs. Use the same definitions and assumptions that you use for reporting to Medical Expense and Performance Reporting System (MEPRS).

CATEGORY	FY 1992	FY 1993	FY 1994 (1st QTR)
TOTAL COSTS	24,179,050	29,373,711	6,212,924
TOTAL OUTPATIENT VISITS	228,769	240,577	57,158
AVERAGE COST PER VISIT	105.69	121.01	107.66

FY'94 cost reflect 1st QTR only.

14a. Costs. Complete the following tables regarding your inpatients costs. Use the same definitions and assumptions that you use for reporting Medical Expense and Performance Reporting System (MEPRS). Table A, B, C, and D are used to arrive at a cost per Relative Weighted Product (RWP). Table E develops costs for inflation and add-ons to produce the final FY 1994 cost per RWP. FY 1994 should be completed through the First Quarter FY 1994. Costs should be total costs for the category unless otherwise indicated.

Table A:

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CATEGORY	FY 1992	FY 1993	FY 1994 (1st QTR)
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)	18,153,843	21,665,171	4,338,527

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994 (1st QTR)
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	-0-	-0-	*16,546
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	585,206	762,714	154,005
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	585,206	762,714	170,551
E. TOTAL E EXPENSES (ALL ACCOUNTS)	17,199,715	21,718,946	3,869,195
F. % SELECTED E EXPENSES (D÷E)[1]	3.402417	3.511745	4.407919

[1] Record as a decimal to 6 digits.

*FY 94 COSTS REFLECTS CHANGE IN ACCOUNTING PROCEDURES.

Table C:

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CATEGORY	FY 1992	FY 1993	FY 1994 (1st QTR)
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	4,209,051.00	4,862,635.00	778,311.00
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)	143,209.46	170,763.34	34,307.32
I. AREA REFERENCE LABORATORIES (FAA)	-0-	-0-	-0-
J. CLINICAL INVESTIGATION PROGRAM (FAH)	-0-	-0-	-0-
K. TOTAL SELECTED F (I+J)	-0-	-0-	-0-
L. CONTINUING HEALTH EDUCATION (FAL)	156,812.00	95,027.00	21,248.00
M. DECEDENT AFFAIRS (FDD)	36,593.00	74,714.00	11,102.00
N. INITIAL OUTFITTING (FDE)	-0-	-0-	-0-
O. URGENT MINOR CONSTRUCTION (FDF)	-0-	-0-	-0-
P. TOTAL (L+M+N+O)	193,405.00	169,741.00	32,350.00
Q. E EXPENSES INCLUDED IN ROW P	10,343.00	10,002.00	2,747.00
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	351.91	351.24	121.09
S. OTHER F'S LESS E (P-R)	193,053.09	169,389.76	32,228.91

Table D:

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CATEGORY	FY 1992	FY 1993	FY 1994 (1st QTR)
T. INPATIENT WORK UNIT (IWU)	6,705.00	6,691.8516	1,561.6503
U. TOTAL WORK UNITS (MWU)[2]	16,434.00	12,978.6871	3,072.8151
V. PERCENT INPATIENT (IWU÷AWU)	68.92	106.44	103.34
W. FINAL OTHER F EXPENSES (S×V)	133,052.18	180,298.46	33,305.36
X. FINAL F EXPENSES (K+W)	133,052.18	180,298.46	33,305.36
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	17,877,581.36	21,314,109.20	4,270,914.32
Z. NUMBER OF BIOMETRICS DISPOSITIONS	6,095	6,024	1,407
AA. TOTAL MEPRS DISPOSITIONS	6,144	6,132	1,431
BB. ADJUSTED DISPOSITIONS (Z÷AA)	.992025	.982387	.983229
CC. ADJUSTED MEPRS EXPENSES (Y×BB)	17,735,007.65	20,938,703.79	4,199,286.82
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)	4,707.0176	4,534.2866	1,100.4661
EE. COST PER RWP (CC÷DD)	3,767.78	4,617.86	3,815.92
FF. TOTAL CATEGORY II RWPs[3]	1,744.00	1,852.00	443.00
GG. TOTAL CATEGORY II COST (EE×FF)	6,571,008.32	8,552,276.72	1,690,452.56
HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)	11,163,999.33	12,386,427.07	2,508,834.26
II. TOTAL CATEGORY III RWPs (DD-FF)	2,963.0176	2,682.2866	657.4661
JJ. COST PER CATEGORY III RWP (HH÷II)	3,767.78	4,617.86	3,815.91

[2] Total work units (MWU) is the total of Inpatient Work Units plus Ambulatory Work Units (IWU+AWU).
[3] Category II RWP's are RWP's due to Diagnoses Not Normally Hospitalized (DXNNH), Potential Ambulatory Surgery (PAS), and Active Duty Excessive Length of Stay (ADELS).

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

CATEGORY	FY 1992	FY 1993	FY 1994(1st QTR)
KK. TOTAL OBDs (OCCUPIED BED DAYS)	24,518	22,303	4,845
LL. CATEGORY II (AS DEFINED IN FF) OBDs	6,882	3,796	1,046
MM. CATEGORY III OBDs (KK-LL)	17,636	18,507	3,799
NN. AVERAGE DAYS/RWP (MM+II)	5.95	6.90	5.78
OO. ADD ON PER RWP (NN×77)	458.15	531.30	445.06
PP. TOTAL COST PER RWP (JJ+OO)	4,225.93	5,149.16	4,260.97
QQ. CIVILIAN PAY COST (PP×.15)	633.89	772.37	639.15
RR. MILITARY PAY COST (PP×.56)	2,366.52	2,883.53	2,386.14
SS. OTHER COSTS (PP×.29)	1,225.52	1,493.26	1,235.68
TT. CIVILIAN PAY RAISES (QQ×1.037×1.0297)	676.87	824.74	682.48
UU. MILITARY PAY RAISES (RR×1.037×1.0165)	2,494.57	3,039.56	2,515.26
VV. UNFUNDED CIVILIAN RETIREMENT (TT×1.147)	776.37	945.98	782.80
WW. CIVILIAN ASSET USE CHARGE (VV×1.04)	807.42	983.82	814.12
XX. MILITARY ASSET USE CHARGE (UU×1.04)	2,594.35	3,161.14	2,615.87
YY. OTHER ASSET USE CHARGES (SS×1.04)	1,274.54	1,552.94	1,285.11
ZZ. OTHER COSTS DEFLATOR FACTOR (YY×1.083)	1,380.33	1,681.89	1,391.77
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)	4,782.10	5,826.85	4,821.76

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TABLE A:

CATEGORY	FY 92	FY 93	FY 94
A. TOTAL MEPRS-A	18153843	22063348	

FY 94 NOT CURRENTLY AVAILABLE

TABLE B:

CATEGORY	FY 92	FY 93	FY 94
B. GRADUATE MED ED (EBE)	0	0	
C. EDUCATION AND TRAINING (EBF)	585206	811076	
D. TOTAL EXP EBE AND EBF	585206	811076	0
E. TOTAL E EXPENSES	17199715	22313193	
F. % SELECTED E EXPENSES (D/E)	0.034024	0.036350	ERR

TABLE C:

CATEGORY	FY 92	FY 93	FY 94
G. TOTAL E IN MEPRS-A	2139758	3292641	
H. E EXPENSES TO REMOVE FROM A (FxG)	72803.49	119686.2	ERR
I. AREA REF LABS (FAA)	0	0	
J. CLINICAL INVEST (FAH)	0	0	
K. TOTAL SELECTED F (I+J)	0	0	0
L. CONTINUING HEALTH ED (FAL)	156812	95159	
M. DECEDENT AFFAIRS (FDD)	36593	75448	
N. INITIAL OUTFITTING (FDE)	0	0	
O. URGENT MINOR CONST (FDF)	0	0	
P. TOTAL (L+M+N+O)	193405	170607	0
E EXPENSE (FAL)	1941	437	
E EXPENSE (FDD)	8402	10431	
E EXPENSE (FDE)	0	0	
E EXPENSE (FDF)	0	0	
Q. E XEPENSES INCLUDED IN ROW P	10343	10868	0
R. E EXPENSES TO REMOVE FROM P. (FxQ)	351.912	395.0476	ERR
S. OTHER F'S LESS E (P-R)	193053.1	170212	ERR

TABLE D:

CATEGORY	FY 92	FY 93	FY 94
T. IWU	6704.84	5883.6	
U MWU	13193.2	12170.35	
V PERCENT INPATIENT	0.508204	0.483437	ERR
W. FINAL OTHER F EXP (SxV)	98110.4	82286.79	ERR
X FINAL F EXP (K+W)	98110.4	82286.79	ERR
Y TOTAL CATEGORY III EXP (A-H+X)	18179150	22025949	ERR
Z NUMBER BIOMETRICS DISPOS	6095	6059	
AA. TOTAL MEPRS DISP	6144	6132	
BB. ADJ DISPOS (Z/AA)	0.992025	0.988095	ERR
CC ADJ MERPS EXP (YxBB)	18034166	21763735	ERR
DD. TOTAL RWP	4707	4642.772	
EE COST PER RWP (CC/DD)	3831.35	4687.66	ERR
CATEGORY II RWPS			
(DXNNH)	8.4806	19.9946	
(PAS)	1114.8	1216.392	
(ADELS)	106.7412	19.2803	
FF. TOTAL CAT II RWPS	1230.022	1255.666	0
GG. TOTAL CAT II COST (EExFF)	4712643	5886137	ERR
HH. TOTAL EXT CAT III EXP (CC-GG)	13321523	15877598	ERR
II. TOTAL CAT III RWPS (DD-FF)	3476.979	3387.106	0
JJ. COST PER CAT III RWP (HH/II)	3831.35	4687.66	ERR

TABLE E

CATEGORY	FY 92	FY 93	FY 94
KK. TOTAL OBDS	21651	19402	
CAT II OBDS			
(DXNNH)	46	84	
(PAS)	3226	2537	
(ADELS)	79	360	
LL TOTAL CAT II OBD	3351	3081	0
MM CAT III OBDS (KK-LL)	18300	16321	0
NN. AVG DAYS/RWP (MM/II)	5.26319	4.818568	ERR
OO. ADD ON PER RWP (NNx77)	405.2657	371.0298	ERR
PP. TOTAL COST PER RWP (JJ+OO)	4236.616	4058.688	ERR
QQ. CIVILIAN PAY COST (PPx.15)	635.4924	758.5034	ERR
RR. MILITARY PAY COST (PPx.56)	2372.505	2832.866	ERR
SS. OTHER COSTS (PPx.29)	1228.619	1467.02	ERR
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297))	678.5781	810.2494	ERR
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	2500.882	2986.154	ERR
VV. UNFUNDED CIV RET (TTx1.47)	997.5098	1191.067	ERR
WW. CIVILAIN ASSET USE CHARGE (VVx1.04)	1037.41	1238.709	ERR
XX. MILITARY ASSET USE CHARGE (UU*1.04)	2600.918	3105.6	ERR
YY. OTHER ASSET USE CHARGES (SS*1.04)	1277.763	1526.701	ERR
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	1383.818	1652.334	ERR
ADJ CAT III COST/RWP	5022.146	5996.843	ERR

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15. Quality of Life. **REFER TO NAVAL TECHNICAL TRAINING CENTER, CORRY STATION (UIC: 63082) BRAC DATA CALL 23 EXCEPT FOR QUESTION 15. a. (2) (a) thru (e) of this section as it applies to BEQ facilities maintained by this activity.**

a. Military Housing

(1) Family Housing:

(a) Do you have mandatory assignment to on-base housing? (circle) yes no

(b) For military family housing in your locale provide the following information:

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+				
Officer	3				
Officer	1 or 2				
Enlisted	4+				
Enlisted	3				
Enlisted	1 or 2				
Mobile Homes					
Mobile Home lots					

(c) In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide th following information:

Facility type/code:
What makes it inadequate?
What use is being made of the facility?
What is the cost to upgrade the facility to substandard?
What other use could be made of the facility and at what cost?
Current improvement plans and programmed funding:
Has this facility condition resulted in C3 or C4 designation on your BASEREP?

(d) Complete the following table for the military housing waiting list.

Pay Grade	Number of Bedrooms	Number on List[1]	Average Wait
O-6/7/8/9	1		
	2		
	3		
	4+		
O-4/5	1		
	2		
	3		
	4+		
O-1/2/3/CWO	1		
	2		
	3		
	4+		
E7-E9	1		
	2		
	3		
	4+		
E1-E6	1		
	2		
	3		
	4+		

[1]As of 31 March 1994.

(e) What do you consider to be the top five factors driving the demand for base housing? Does it vary by grade category? If so provide details.

	Top Five Factors Driving the Demand for Base Housing
1	
2	
3	
4	
5	

(f) What percent of your family housing units have all the amenities required by "The Facility Planning & Design Guide" (Military Handbook 1190 & Military Handbook 1035-Family Housing)?

(g) Provide the utilization rate for family housing for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(h) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 98% (or vacancy over 2%), is there a reason?

(2) BEQ:

(a) Provide the utilization rate for BEQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	72.5%
Substandard	N/A
Inadequate	N/A

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? YES If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason? Yes. As of 01 October 1993 square footage standards for E-4 and below increased by 5 square foot per individual. This renders NAVHOSP BEQ inadequate for 3 persons per room. E-4 and below adequate berthing is two per room, lowering rack allowance from 120 to 80. A fitness center was installed in the BEQ lowering the number of racks further to 72. Program School Input (PSI) personnel normally housed at BEQ for 12 weeks or less have been eliminated due to "C" school quota limitations, however, staff members are being assigned directly from "A" school. The number of E-4 and below personnel have not decreased. This has resulted in the BEQ being occupied at over 100% with 23% housed in inadequate quarters (3 to a room).

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$AOB = \frac{(\text{\# Geographic Bachelors x average number of days in barracks})}{365}$$

$$AOB = \frac{1 \times 365}{365} = 1$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)	N/A	N/A	
Spouse Employment (non-military)	N/A	N/A	
Other	01	100	PENDING DIVORCE
TOTAL	01	100	

(e) How many geographic bachelors do not live on base? Unable to determine.

(3) BOQ:

(a) Provide the utilization rate for BOQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\text{AOB} = \frac{(\text{\# Geographic Bachelors} \times \text{average number of days in barracks})}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?

b. For on-base MWR facilities[2] available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

LOCATION_____ **DISTANCE**_____

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays		
	Outdoor Bays		
Arts/Crafts	SF		
Wood Hobby	SF		
Bowling	Lanes		
Enlisted Club	SF		
Officer's Club	SF		
Library	SF		
Library	Books		
Theater	Seats		
ITT	SF		
Museum/Memorial	SF		
Pool (indoor)	Lanes		
Pool (outdoor)	Lanes		
Beach	LF		
Swimming Ponds	Each		
Tennis CT	Each		

[2]Spaces designed for a particular use. A single building might contain several facilities, each of which should be listed separately.

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each		
Basketball CT (outdoor)	Each		
Racquetball CT	Each		
Golf Course	Holes		
Driving Range	Tee Boxes		
Gymnasium	SF		
Fitness Center	SF		
Marina	Berths		
Stables	Stalls		
Softball Fld	Each		
Football Fld	Each		
Soccer Fld	Each		
Youth Center	SF		

c. Is your library part of a regional interlibrary loan program?

d. Base Family Support Facilities and Programs

(1). Complete the following table on the availability of child care in a child care center on your base.

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos						
6-12 Mos						
12-24 Mos						
24-36 Mos						
3-5 Yrs						

(2). In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:
What makes it inadequate?
What use is being made of the facility?
What is the cost to upgrade the facility to substandard?
What other use could be made of the facility and at what cost?
Current improvement plans and programmed funding:
Has this facility condition resulted in C3 or C4 designation on your BASEREP?

(3). If you have a waiting list, describe what programs or facilities other than those sponsored by your command are available to accommodate those on the list.

(4). How many "certified home care providers" are registered at your base?

(5). Are there other military child care facilities within 30 minutes of the base? State owner and capacity (i.e., 60 children, 0-5 yrs).

(6). Complete the following table for services available on your base. If you have any services not listed, include them at the bottom.

Service	Unit of Measure	Qty
Exchange	SF	
Gas Station	SF	
Auto Repair	SF	
Auto Parts Store	SF	
Commissary	SF	
Mini-Mart	SF	
Package Store	SF	
Fast Food Restaurants	Each	
Bank/Credit Union	Each	
Family Service Center	SF	
Laundromat	SF	
Dry Cleaners	Each	
ARC	PN	
Chapel	PN	
FSC Classrm/Auditorium	PN	

e. Proximity of closest major metropolitan areas (provide at least three):

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1		
E2		
E3		
E4		
E5		
E6		
E7		
E8		
E9		
W1		
W2		
W3		
W4		
O1E		
O2E		
O3E		
O1		
O2		
O3		
O4		
O5		
O6		
O7		

g. Off-base housing rental and purchase

(1) Fill in the following table for average rental costs in the area for the period 1 April 1993 through 31 March 1994.

Type Rental	Average Monthly Rent		Average Monthly Utilities Cost
	Annual High	Annual Low	
Efficiency			
Apartment (1-2 Bedroom)			
Apartment (3+ Bedroom)			
Single Family Home (3 Bedroom)			
Single Family Home (4+ Bedroom)			
Town House (2 Bedroom)			
Town House (3+ Bedroom)			
Condominium (2 Bedroom)			
Condominium (3+ Bedroom)			

(2) What was the rental occupancy rate in the community as of 31 March 1994?

Type Rental	Percent Occupancy Rate
Efficiency	
Apartment (1-2 Bedroom)	
Apartment (3+ Bedroom)	
Single Family Home (3 Bedroom)	
Single Family Home (4+ Bedroom)	
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

(3) What are the median costs for homes in the area?

Type of Home	Median Cost
Single Family Home (3 Bedroom)	
Single Family Home (4+ Bedroom)	
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

(4) For calendar year 1993, from the local MLS listings provide the number of 2, 3, and 4 bedroom homes available for purchase. Use only homes for which monthly payments would be within 90 to 110 percent of the E5 BAQ and VHA for your area.

Month	Number of Bedrooms		
	2	3	4+
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

(5) Describe the principle housing cost drivers in your local area.

h. For the top five sea intensive ratings in the principle warfare community your base supports, provide the following:

Rating	Number Sea Billets in the Local Area	Number of Shore billets in the Local Area

i. Complete the following table for the average one-way commute for the five largest concentrations of military and civilian personnel living off-base.

Location	% Employees	Distance (mi)	Time(min)

j. Complete the tables below to indicate the civilian educational opportunities available to service members stationed at the air station (to include any outlying fields) and their dependents:

(1) List the local educational institutions which offer programs available to dependent children. Indicate the school type (e.g. DODDS, private, public, parochial, etc.), grade level (e.g. pre-school, primary, secondary, etc.), what students with special needs the institution is equipped to handle, cost of enrollment, and for high schools only, the average SAT score of the class that graduated in 1993, and the number of students in that class who enrolled in college in the fall of 1994.

Institution	Type	Grade Level(s)	Special Education Available	Annual Enrollment Cost per Student	1993 Avg SAT/ ACT Score	% HS Grad to Higher Educ	Source of Info

(2) List the educational institutions within 30 miles which offer programs off-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational / Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					

(3) List the educational institutions which offer programs on-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

Skill Level	Number of Military Spouses Serviced by Family Service Center Spouse Employment Assistance			Local Community Unemployment Rate
	1991	1992	1993	
Professional				
Manufacturing				
Clerical				
Service				
Other				

l. Do your active duty personnel have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

m. Do your military dependents have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

n. Complete the table below to indicate the crime rate for your air station for the last three fiscal years. The source for case category definitions to be used in responding to this question are found in NCIS - Manual dated 23 February 1989, at Appendix A, entitled "Case Category Definitions." Note: the crimes reported in this table should include 1) all reported criminal activity which occurred on base regardless of whether the subject or the victim of that activity was assigned to or worked at the base; and 2) all reported criminal activity off base.

Crime Definitions	FY 1991	FY 1992	FY 1993
1. Arson (6A)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
2. Blackmarket (6C)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
3. Counterfeiting (6G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
4. Postal (6L)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
5. Customs (6M)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
6. Burglary (6N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
7. Larceny - Ordnance (6R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
8. Larceny - Government (6S)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
10. Wrongful Destruction (6U)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
11. Larceny - Vehicle (6V)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
12. Bomb Threat (7B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
13. Extortion (7E)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
14. Assault (7G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
15. Death (7H)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
16. Kidnapping (7K)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
18. Narcotics (7N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
19. Perjury (7P)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
20. Robbery (7R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
21. Traffic Accident (7T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
23. Indecent Assault (8D)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
24. Rape (8F)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
25. Sodomy (8G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

M. BALSAM
NAME (Please type or print)

M Balsam
Signature

COMMANDING OFFICER
Title

13 July 94
Date

NAVAL HOSPITAL, PENSACOLA, FLORIDA UIC: 00203
Activity

DATA CALL #27 - MILITARY VALUE ANALYSIS

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date July 15, 1994

BUREAU OF MEDICINE & SURGERY

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print) _____ Signature _____

Title _____ Date 7/30/94

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

M. BALSAM
NAME (Please type or print)

M Balsam
Signature

COMMANDING OFFICER
Title

23 Sept 94
Date

NAVAL HOSPITAL, PENSACOLA (UIC: 00203)
Activity

DATA CALL #27, QUESTION 11.C. - MILITARY VALUE ANALYSIS

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X 10/3/94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) J B Greene Jr. Signature

ACTING

Title 11 OCT 1994 Date

Document Separator

389

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NAVAL HOSPITAL, 29 PALMS, CA
ACTIVITY UIC: 35949

Category.....Personnel Support
Sub-category....Medical
Types.....Clinics, Hospitals, and Medical Centers

*******If any responses are classified, attach separate classified annex*******

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MISSION REQUIREMENTS

1. Population. Please identify your beneficiary population using the same definitions as used by RAPS. Use the following table to record your results.

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	10420	10420	N/A	11500	11500	N/A
FAMILY OF AD	10474	10474	N/A	11500	11500	N/A
SUBTOTAL	20894	20894	N/A	23000	23000	N/A
RETIRED AND FAMILY MEMBERS UNDER 65	3021	3021	N/A	3500	3500	N/A
RETIRED AND FAMILY MEMBERS OVER 65[4]	1511	1511	N/A	1750	1750	N/A
OTHER	0	0	N/A	0	0	N/A
TOTAL	25426	25426	N/A	28250	28250	N/A

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.
[1] THE BASIS FOR YOUR REPORTED POPULATION IS THE CATCHMENT AREA DEFINED AS SETS OF ZIP CODES EMANATING FROM THE CENTER OF THE ZIP CODE IN WHICH THE MTF IS LOCATED WITH A RADIUS OF 40 MILES.
[2] THIS IS THE POPULATION SPECIFICALLY ASSIGNED TO YOUR FACILITY IN CONTRAST TO THE POPULATION IN THE CATCHMENT AREA. THIS IS IMPORTANT IN FACILITIES WITH OVERLAPPING CATCHMENT AREAS.
[3] IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).
[4] THIS SECTION MUST BE COMPLETED.

R

2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds[1]:	30	R
Set Up Beds[1]:	40	R
Expanded Bed Capacity[2]:	40	R

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds[1]:	~~30~~ 29
Set Up Beds[1]:	~~40~~ 0
Expanded Bed Capacity[2]:	~~40~~ 29

BUMED-822, MSL
1 Jun 94

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

The following questions are designed to determine the level of services provided at your facility during FY 1993, your current maximum capability (i.e. your maximum capacity given the same set of parameters that you are currently functioning within), and the requirements of the community you support.

3. Workload. Complete the following table for FY 1993:

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	49,240	71,212	8,463	129,363
ADMISSIONS	631	1,534	102	2,267
LABORATORY TESTS (WEIGHTED)[1]	550,000	700,000	210,000	1,460,000
RADIOLOGY PROCEDURES (WEIGHTED)[1]	19,000	24,000	9,800	52,827
PHARMACY UNITS (WEIGHTED)[1]	70,000	120,000	31,000	221,000
OTHER (SPECIFY)	0	0	0	0

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

3a. Workload. Complete the following table for your maximum capacity. Assume the same facility, staff, equipment, and supplies you currently have. Do not change your scope of practice. **Show all calculations and assumptions in the space below.**

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	63,840	92,400	11,760	168,000
ADMISSIONS	739	1,795	106	2,640
LABORATORY TESTS (WEIGHTED)[1]	729,600	921,600	268,800	1,920,000
RADIOLOGY PROCEDURES (WEIGHTED)[1]	71,280	89,100	37,620	198,000
PHARMACY UNITS (WEIGHTED)[1]	115,200	194,400	50,400	360,000
OTHER (SPECIFY)	0	0	0	0

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

3b. Workload. Complete the following table for the current workload demand of your supported population. Assume you are to provide all the care in your facility for your catchment area. **Show all calculations and assumptions in the space below.**

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	57,184	82,766	10,534	150,484
ADMISSIONS	689	1,672	98	2,459
LABORATORY TESTS (WEIGHTED)[1]	652,080	823,680	240,240	1,716,000
RADIOLOGY PROCEDURES (WEIGHTED)[1]	64,298	80,372	33,935	178,605
PHARMACY UNITS (WEIGHTED)[1]	95,680	161,460	41,860	299,000
OTHER (SPECIFY)	0	0	0	0

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

4. Staffing. Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care). Please include military, civilian, and contract providers. Do not include partnerships.

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	14	~~18~~ 14	~~18~~ 14	~~18~~ 14	~~18~~ 14	~~18~~ 14	~~18~~ 14	~~18~~ 14
SPECIALTY CARE[2]	~~8~~ 7	~~18~~ 7	~~18~~ 7	~~18~~ 7	~~18~~ 7	~~18~~ 7	~~18~~ 7	~~18~~ 7
PHYSICIAN EXTENDERS[3]	~~7~~ 2	~~9~~ 2	~~9~~ 2	~~9~~ 2	~~9~~ 2	~~9~~ 2	~~9~~ 2	~~9~~ 2
INDEPENDENT DUTY CORPSMEN	~~8~~ 7	~~5~~ 7	~~5~~ 7	~~5~~ 7	~~5~~ 7	~~5~~ 7	~~5~~ 7	~~5~~ 7
TOTAL	~~37~~ 30	~~50~~ 30	~~50~~ 30	~~50~~ 30	~~50~~ 30	~~50~~ 30	~~50~~ 30	~~50~~ 30

[1] This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.
[2] This is all other physician providers not included in the primary care category.
[3] This includes Physician Assistants and Nurse Practitioners.

BUMED -822, mlA
1 Jun 94

LOCATION

5. Community Providers. Complete the following table for the civilian providers within your 40 mile catchment area. The catchment area is defined as sets of zip codes emanating from the center of the ZIP code in which the MTF is located with a radius of 40 miles. If you are required to use another boundary please define the geographical region and the reason for its use.

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	15
SPECIALTY CARE[2]	26
PHYSICIAN EXTENDER[3]	3
TOTAL	44

[1] This includes General Practitioners, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

[2] This is all other physician providers not included in the primary care category.

[3] This includes Physician Assistants and Nurse Practitioners.

6. Regional Population. Please provide the U. S. Census population for your 40 mile catchment area. If you are required to use another boundary please define the geographical region and the reason for its use. Also list the source of this information. This value should include your beneficiary population.

Region Population: 39,400

7. Regional Community Hospitals. Please list in the table below all the community hospitals (as defined in the American Hospital Association publication Hospital Statistics) in your region (include military, civilian, and any federal facilities including Veterans Affairs):

FACILITY NAME	OWNER	DISTANCE[1]	DRIVING TIME	RELATIONSHIP[2]
HI DESERT MEDICAL CENTER	SELF-OWNED CORPORATION	25	30	NONE
DESERT HOSPITAL	SELF-OWNED CORPORATION	60	75	NONE
EISENHOWER MEDICAL CENTER	SELF-OWNED CORPORATION	75	90	NONE

[1] Distance in driving miles from your facility
[2] List any partnerships, MOUs, contracts, etc with this facility

7a. Regional Community Hospitals. For each facility listed in the preceding table complete the following table:

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
HI DESERT MEDICAL CENTER	56	YES	50-65%	NO OBSTETRICS, ORTHOPEDICS OR PEDIATRIC CARE AVAILABLE
DESERT HOSPITAL	400	YES	45-65%	ONLY TRAUMA CENTER IN THE AREA. PERINATAL UNIT (NICU)
EISENHOWER MEDICAL CENTER	236	YES	75-95%	DRUG/ALCOHOL REHAB, CHILD SEXUAL & PHYSICAL ABUSE CENTER

[1] Use definitions as noted in the American Hospital Association publication Hospital Statistics.

[2] Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

c. Training Facilities:

(1) By facility Category Code Number (CCN), provide the usage requirements for each course of instruction required for all formal schools on your installation. A formal school is a programmed course of instruction for military and/or civilian personnel that has been formally approved by an authorized authority (ie: Service Schools Command, Weapons Training Battalion, Human Resources Office). Do not include requirements for maintaining unit readiness, GMT, sexual harassment, etc. Include all applicable 171-xx, 179-xx CCN's.

Type of Training Facility/CCN	School	Type of Training	FY 1993 Requirements			FY 2001 Requirements		
			A	B	C	A	B	C
N/A	N/A	N/A						
N/A	N/A	N/A						
N/A	N/A	N/A						
N/A	N/A	N/A						

A = STUDENTS PER YEAR
B = NUMBER OF HOURS EACH STUDENT SPENDS IN THIS TRAINING FACILITY FOR THE TYPE OF TRAINING RECEIVED
C = A x B

(2) By Category Code Number (CCN), complete the following table for all training facilities aboard the installation. Include all 171-*xx* and 179-*xx* CCN's.

For example: in the category 171-10, a type of training facility is academic instruction classroom. If you have 10 classrooms with a capacity of 25 students per room, the design capacity would be 250. If these classrooms are available 8 hours a day for 300 days a year, the capacity in student hours per year would be 600,000.

Type Training Facility/CCN	Total Number	Design Capacity (PN)[1]	Capacity (Student HRS/YR)
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A

(3) Describe how the Student HRS/YR value in the preceding table was derived.

[1] Design Capacity (PN) is the total number of seats available for students in spaces used for academic instruction; applied instruction; and seats or positions for operational trainer spaces and training facilities other than buildings, i.e., ranges. Design Capacity (PN) must reflect current use of the facilities.

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

C. S. CHITWOOD
NAME (Please type or print)

C2 Chitwood
Signature

COMMANDING OFFICER
Title

23 MAY 1994
Date

NAVAL HOSPITAL, 29 PALMS, CA
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title 6-2-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE JR

NAME (Please type or print) J B Greene Jr Signature

ACTING

Title 8 JUNE 1994 Date

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In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

C. S. CHITWOOD	C S Chitwood
NAME (Please type or print)	Signature
COMMANDING OFFICER	9/29/94
Title	Date

NAVAL HOSPITAL TWENTYNINE PALMS
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X OCT 3 1994 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) J B Greene Jr Signature

ACTING

Title 10 OCT 1994 Date

Document Separator

389

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: NAVAL HOSPITAL, 29 PALMS, CA
ACTIVITY UIC: 35949

Category.....Personnel Support
Sub-category.....Medical
Types.....Clinics, Hospitals, Medical Centers

April 4, 1994

**********If any responses are classified, attach separate classified annex**********

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MISSION REQUIREMENTS

1. Mission Statement. State the mission of your medical facility in sufficient detail so that it can be distinguished from other medical facilities.

Naval Hospital, Twentynine Palms, CA has a forty bed inpatient capability which includes a Close Observation Unit that can monitor more serious conditions. The hospital supports 9,462 active duty Marines and Sailors stationed at the Marine Corps Air Ground Combat Center. The hospital has two Operating Rooms and two Delivery Rooms which perform General, Orthopedic, OB/GYN and Same Day Surgery. There are four Labor and Delivery Rooms and a Nursery which handle approximately fifty births each month. There are a full range of Laboratory, Pharmacy and Radiology services which include Ultrasound, Mammography and CT Scan capabilities. The hospital offers a full range of outpatient clinic services (for active duty and supernumerary patients), including Family Practice, Internal Medicine, Pediatrics, Mental Health, Immunizations, Optometry, Physical Therapy, OB/GYN, Orthopedics and General Surgery. The Mental Health Clinic provides services for adults, adolescents and children. An Occupational Health and Preventive Medicine Department performs inspections and other necessary services that support the operations of the Marine Corps Air Ground Combat Center. The Emergency Room operates 24 hours a day and sees between fifty and one hundred patients each day.

The Emergency Room is the initial MEDIVAC point for injuries sustained by servicemen and women involved in the Combined Armed Exercises that occur year round at the Marine Corps Air Ground Combat Center. Many of these injuries are traumatic due to the "live fire" used during most of these exercises. We do not have a trauma unit and we have only one board certified Emergency Room Physician on staff. The Emergency Room also sees many Civilian Humanitarians who become injured or ill in the local community. This is due to our isolated location in the high desert and the limited civilian medical care available in the local community. The nearest civilian inpatient hospital is 25 miles away from the base and the closest major tertiary care facilities are 60 miles away in Palm Springs, CA.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
MARINE CORPS COMMUNICATIONS AND ELECTRONICS SCHOOL	67399	MCAGCC	1826
1ST TANK BN, 7TH MAR, 1ST MAR DIV, I MEF	21410	MCAGCC	964
3RD LAI, 7TH MAR, 1ST MAR DIV, I MEF	20470	MCAGCC	943
2ND BN, 7TH MAR, 1ST MAR DIV, I MEF	11210	MCAGCC	938
3RD BN, 7TH MAR, 1ST MAR DIV, I MEF	11230	MCAGCC	937
1ST BN, 7TH MAR, 1ST MAR DIV, I MEF	13160	MCAGCC	937
3RD BN, 11TH MAR, 1ST MAR DIV, I MEF	11330	MCAGCC	674
CSSG-1, 1ST FSSG, I MEF	28349	MCAGCC	531
AGSE, MWSG-17, 3RD MAW, I MEF	00173	MCAGCC	424
HQ CO, 7TH MAR, 1ST MAR DIV, I MEF	11204	MCAGCC	334
NAVAL HOSPITAL	35949	MCAGCC	293
D CO, 3RD AAV BN, 1ST MAR DIV, I MEF	21825	MCAGCC	205

DET A, 1ST SRIG, HQ CO, I MEF	21671	MCAGCC	189
23RD DENTAL CO	47367	MCAGCC	49
FT IRWIN VETERINARY SERVICES	W4FF15	MCAGCC	7
NAVFAC ENG CMD, SW DIV	44265	MCAGCC	3
DFAS	QO144	MCAGCC	2

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	679	57,150	1.77	4.60
ACTIVE DUTY NON N/MC	10	34	3.66	.17
TOTAL ACTIVE DUTY	689	57,184		4.77
FAMILY OF AD	1,672	82,766	2.04	8.55
RETIRED AND FAMILY MEMBERS UNDER 65	75	7,234	3.20	2.03
RETIRED AND FAMILY MEMBERS OVER 65	23	3,300	3.56	2.10
OTHER	63	0	1.17	.24
TOTAL	2,521	150,484		17.69

What is your occupancy rate for FY 1994 to date? 61%

4. Projected Workload. Complete the following tables for your projected workload. Please show and develop any assumptions and calculations used to complete the table. Be sure to note any impact prior closure and realignment decisions have had on your facility. Please be sure to include any impact your participation in the managed care initiative (TRICARE), previous BRAC actions, and force structure reductions will have on your workload.

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	155,000	160,000	165,000	165,000	165,000	165,000	165,000
ADMISS.	2,550	2,600	2,600	2,600	2,600	2,600	2,600

Please show all assumptions and calculations in the space below:

Projected workload is based on current actual workload and population figures. A moderate increase in workload in the out years in anticipated based on increases in providers and population.

5. Medical Support. Indicate in the table below all the medical support you provide that is not direct patient care, and identify the time spent providing such support (i.e. food service inspections, medical standby for physical fitness tests, flight operations, field training,rifle range, MWR support for sporting events, etc.).

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
RIFLE RANGE	65 DAYS	1
EXPLOSIVE ORDINANCE DIVISION	65 DAYS	1.5
MWR EVENTS	5 DAYS	2
COMBINED ARMED EXERCISES	27 DAYS	1
JROTC	2.5 DAYS	1
PHYSICAL READINESS TESTING	39 DAYS	1
GAS TRAINING	13 DAYS	1
SANITATION INSPECTIONS	65 DAYS	1
WATER SAMPLING	13 DAYS	1

6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

6a. Graduate Medical Education. Complete the following table for each Graduate Medical Education program that requires accreditation by the Accreditation Council for Graduate Medical Education (ACGME):

PROGRAM	STATUS[1]	CERT.[2]	COMMENTS[3]
N/A	N/A	N/A	N/A

[1] Use F for fully accredited, P for probation, and N for not accredited.
[2] List the percentage of program graduates that achieve board certification.
[3] Complete this section for all programs that you entered a P or N in the Status column. Indicate why the program is not fully accredited and when it is likely to become fully accredited.

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FACILITIES

7. Facilities Description. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Medical Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]	
51077	BUILDING 929, MEDICAL STORAGE WAREHOUSE	5,160	(1975) 19 YEARS	ADEQUATE	R
51010	BUILDING 930, HOSPITAL	52,195	(1961) 33 YEARS	INADQT SEE 7A 1.	R
14310	BUILDING 931, AMBULANCE GARAGE	1,025	(1961) 33 YEARS	ADEQUATE	R
51077	BUILDING 935, MEDICAL EQUIPMENT OFFICE	1,550	(1972) 22 YEARS	SUB-STANDARD	R

VR Bulmer 824 1/26/94

7a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

1. Facility Type/Code: Building 930, Hospital, Facility Type Code 51010 is inadequate to house personnel/functions. No other available facilities on air station which could be used for medical functions. Inadequate floor space for personnel required to perform mission which will be compounded by additional military billets to achieve proper manning levels. Running cracks in walls and floors are irreparable, posing safety hazards; ground swells have resulted in unlevel/sloping floors which are trip hazards and have resulted in "runaway" carts. Rehabilitation of facility for medical function is not possible, nor can it be made adequate for other uses. Special Project R1-90, Life Safety Code Upgrade, has been programmed for funding in Fiscal Year 94 in the amount of $750,000. Facility condition has resulted in C3 designation on BASEREP in 1991 and 1992.

2. What makes it inadequate?
3. What use is being made of the facility?
4. What is the cost to upgrade the facility to substandard?

~~12~~ R VR Bulmer 824 1/26/94

FACILITIES

7. Facilities Description. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Medical Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
51010	HOSPITAL	163,000	1	ADEQUATE

[1] Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

[2] This should be based on NAVFACINST 11011.44E Shore Facilities Planning Manual and the condition recorded should be recorded as Adequate, Substandard, or Inadequate. Chapter 5 of NAVFACINST 11011.44E provides guidance on this scoring system.

7a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information: N/A - None Indicated.

1. Facility Type/Code:
2. What makes it inadequate?
3. What use is being made of the facility?
4. What is the cost to upgrade the facility to substandard?
5. What other use could be made of the facility and at what cost?
6. Current improvement plans and programmed funding:
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?

7b. Capital Improvement Expenditures. List the project number, description, funding year, and value of the **capital improvements at your facility completed (beneficial occupancy) during 1988 to 1994**. Indicate if the capital improvement is a result of BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-804	HOSPITAL REPLACEMENT PROJECT	1990	33M

7c. Planned Capital Improvements. List the project number, funding year, and value of the **non-BRAC related capital improvements planned** for years 1995 through 1997.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-295	BACHELOR ENLISTED QUARTERS	1999	6.4M

7d. Planned Capital Improvements. List the project number, description, funding year, and value of the **BRAC related capital improvements planned** for 1995 through 1999.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	N/A		

BUMED-822 mA, 1 Jan 94

7e. Please complete the following Facility Condition Assessment Document (FCAD) DD Form 2407: Instructions follow the form.

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME: NAVAL HOSPITAL, 29 PALMS				
2. UIC: 35949	3. CATEGORY CODE 51010	4. NO. OF BUILDINGS 1		
5. SIZE	A. GSF 163,000	B. NORMAL BEDS 40		C.DTRS
6. LOCATION	A. CITY 29 PALMS		B.STATE CA	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	60	40		C35, G35	
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	100				
(4) DENTAL	100				
(5) EMERGENCY SVCS.	100				
(6) FOOD SERVICES	100				
(7) LABORATORIES	100				
(8) LOGISTICS	N/A				
(9) INPATIENT NURSING UNITS	100				
(10) LABOR-DEL-NURSERY	100				
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	100				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				
(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

FORM INSTRUCTIONS

1. This form is not intended to be used as detailed engineering evaluation of the condition of the facilities. It is primarily designed to assist in assessing the adequacy and condition of Medical/Dental Facilities. Complete only one form for all of your facilities.

2. The Functions/Systems should be evaluated on a consolidated basis for the entire facility.

3. Not more than 4 deficiencies should be identified in the Deficiency Codes column for each item listed under the Function/System column.

4. Fill in N/A (not applicable) where certain Function/System is not present in the facility. For example, Inpatient Nursing Units and Labor-Delivery-Nursery are not applicable to Clinics.

5. Numbers under % Adequate, % Substandard, % Inadequate must total 100 for each function/System.

6. After completion, the form must be signed by the Commander/Commanding Officer/Officer-in-Charge of the facility.

7. Use DoD Standard Data Element Codes for State when entering codes in item 6.

DEFINITIONS

CATEGORY CODE - Facility Category Code is a numeric code used to identify a particular use of Military Department's real property for Hospital and other Medical Facilities usage (i.e., building, structure or utility). The first three digits of the code are a DoD standard (DoDI 4165.3); the fourth, fifth and sixth (if applicable) digits are added to provide more definitive categorization of the Military Department's facilities.

CONSTRUCTION TYPE - Type is either Permanent, Semi-permanent, or Temporary construction at the time building was built.

% ADEQUATE - Percent Adequate is the capacity of a facility or portion thereof, in percentage form, that is in adequate condition and associated with a designated function (USE). Adequate is defined as being capable of supporting the designated function without a need for capital improvements.

% SUBSTANDARD - Percent Substandard is the capacity of a facility or portion thereof, in percentage form, that is in substandard condition and associated with a designated function (USE). Substandard is defined as having deficiencies which prohibit of severely restrict, or will prohibit or severely restrict within the next five years due to expected deterioration , the use of a facility for its designated function. Substandard is further defined as having deficiencies which can be economically corrected by capital improvements and/or repairs.

% INADEQUATE - Percent Inadequate is the capacity of a facility of portion thereof, in percentage form, that is in inadequate condition and associated with a designated function (USE). Inadequate is defined as having deficiencies due to physical deterioration, functional inadequacy or hazardous location or situation which prohibit or severely restrict, or will prohibit or severely restrict within the next five years, the use of a facility for its designated function. Inadequate is further defined as having deficiencies which cannot be economically corrected to meet the requirements of the

designated function.

DEFICIENCY CODE - Code is a three character code indicating the type of deficiency existing in a facility or portion thereof that is in a substandard or inadequate condition and associated with a designated function (USE). The first character of the code indicates one of the six types of deficiencies. The next two characters specify the facility component(s) or related items which are deficient.

(1) Deficient Status of Condition Types - first character
- A - Physical Condition
- B - Functional or Space Criteria
- C - Design Criteria
- D - Location or Citing Criteria
- E - Nonexistence
- F - Total Obsolescence or Deterioration

(2) Facility Components or Related Items - last two characters
- 01 - Heating, Ventilating and Air Conditioning (HVAC)
- 02 - Plumbing Fixtures
- 03 - Fire Protection/Life Safety Code
- 04 - Medical Gases
- 05 - Lighting Fixtures
- 06 - Power Capacity
- 07 - Emergency Generators
- 08 - Communications
- 09 - Building or Structure (total)
- 10 - Seismic Design
- 11 - Roof/Ceiling
- 12 - Building Interior/Configuration
- 13 - Sound Proofing/Excessive Noise
- 14 - Compliance of Installation with Master Plan
- 15 - OSHA Deficiency
- 16 - JCAH Deficiency
- 17 - Functionality
- 18 - Site Location
- 19 - Mission of the Base
- 20 - None

7f. Please provide the date of your most recent Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey and indicate the status of your certification. Also record your Life Safety Management score from that survey.

DATE OF SURVEY: 12/94

FULL ACCREDITATION: NO SURVEY TO DATE

LIFE SAFETY MANAGEMENT SCORE: N/A (Record as 1,2,3,4,or 5)

LOCATION:

R

8. Geographic Location. How does your geographic location affect your mission? Specifically, address the following:

a. What is the importance of your location relative to the clients supported?

The hospital is located directly on the base ahich is home to the clients we support.

b. What are the nearest air, rail, sea and ground transportation nodes?

Air: March Air Force Base (90 miles)
Rail: DLA-Barstow, CA (100 miles)
Sea: Pt Hueneme, CA (150 miles)
Ground: TMO-MCAGCC (local)

c. Please provide the distance in miles that your facility is located from any military or civilian airfield that can accommodate a C-9 aircraft.

Distance (in miles): 5 (local) R

d. What is the importance of your location given your mobilization requirements?

Many of the medical mobilization units we augment support Marine Corps units that would be deployed from this base.

e. On the average, how long does it take your current clients/customers to reach your facility?

The majority of the clients/customers we serve are located on this base or in the adjacent community (0-30 minutes).

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

Due to our isolated location, we experience great difficulty in recruiting and hiring qualified health care professionals. This particularly true for Physicians, Nurses and Medical Technicians.

LOCATION:

8. Geographic Location. How does your geographic location affect your mission? Specifically, address the following:

a. What is the importance of your location relative to the clients supported?

The hospital is located directly on the base which is home to the clients we support.

b. What are the nearest air, rail, sea and ground transportation nodes?

Air: March Air Force Base (90 miles)
Rail: DLA-Barstow, CA (100 miles)
Sea: Pt Hueneme, CA (150 miles)
Ground: TMO-MCAGCC (local)

c. Please provide the distance in miles that your facility is located from any military or civilian airfield that can accommodate a C-9 aircraft.

Distance (in miles): 0 (local)

d. What is the importance of your location given your mobilization requirements?

Many of the medical mobilization units we augment support Marine Corps units that would be deployed from this base.

e. On the average, how long does it take your current clients/customers to reach your facility?

The majority of the clients/customers we serve are located on this base or in the adjacent community (0-30 minutes).

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

Due to our isolated location, we experience great difficulty in recruiting and hiring qualified health care professionals. This particularly true for Physicians, Nurses and Medical Technicians.

FEATURES AND CAPABILITIES

10. Capabilities. What would be the impact on the Navy and Marine Corps if the capabilities of your facility were to be lost? Answer this question in terms of the unique capabilities of your staff, equipment and facility.

There would be no military medical support within 150 miles of this base. Medical care would have to be provided by Naval Hospital, Camp Pendleton (150 miles) or Naval Medical Center, San Diego (180 miles). The nearest civilian treatment facilities that could handle the workload are located in Palm Springs, CA (60 miles).

10a. If your facility were to close without any change in beneficiary population would the remaining local health care infrastructure be able to absorb the additional workload? Please provide supporting information to your answer.

No, there is no OB/GYN capabilities in the local area. This would require patients to travel to Palm Springs, CA which is a minimum of one hour away. The local community hospital (Hi Desert Medical Center) does not have the capacity or capabilities to service the beneficiary population located in our catchment area.

10b. If your facility were to close and the active duty and their families were to leave the area would the local community health care system be able to care for the residual eligible population? Please provide supporting information to your answer.

Yes, the small remaining retired population (approximately 5,000) could be absorbed by the local community hospital or could receive non-emergent care in the Palm Springs area.

10c. If your inpatient care capability were to close, would the local community be able to absorb your current inpatient workload? Please develop all of your conclusions with supporting data and show it in the space below:

No, OB/GYN and Orthopedic cases account for the majority of our inpatient stays. These services are not available in the local community and it would not be medically appropriate or economically feasible to transport these patients to other facilities. The nearest capable civilian inpatient services are over one hour away and military inpatient services are three hours away. Current patient transport costs are $200,000 per year with our current inpatient capability. The lack of local OB/GYN services make it impossible to close the inpatient care at this facility.

11. Mobilization. What are your facility's mobilization requirements?

a. If any of your staff is assigned to support a Hospital Ship, Fleet Hospital, Marine Corps unit, ship, or other operational unit during mobilization complete the following table:

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
NEPMU 6 PEARL HARBOR, HI	0545A	1
USS BELLEAU WOOD LHA-3	20633	1
3RD MAW CAMP PENDLETON, CA	31053	2
DET 3RD MAW YUMA, AZ	31055	4
USNS MERCY T-AH 19	46245	24
7TH MAR EXPEDITIONARY	55356	1
1ST MAW	57079	1
3RD MAW	57081	5
NAVMEDCLINIC PEARL HARBOR, HI	68098	9
US NAVHOSP YOKOSUKA	68292	30
1ST MAR DIV	67448	4
FLEET HOSPITAL 6	68686	26
US NAVHOSP GUAM	68096	25
US NAVDENCEN YOKOSUKA	68495	1
US NAVDENCEN GUAM	62328	1
US NAVHOSP OKINAWA	68470	18
3RD FSSG ADV ELEMENT	MPS3F	13
FLEET HOSPITAL 1	68681	8
3RD FSSG	67436	11

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HQ FMFPAC CAMP SMITH, HI	67025	2
FLEET HOSPITAL 2	68682	8
1ST MAW ADV ELEMENT	MPS3W	7
1ST FSSG ADV ELEMENT	MPS1F	1

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.

None, these mobilization requirements do not significantly impact the normal operations of this hospital.

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds[1]: 40 R

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

Revised pg

1ST FSSG	67446	11
HQ FMFPAC CAMP SMITH, HI	67025	2
FLEET HOSPITAL 2	68682	8
1ST MAW ADV ELEMENT	MPS3W	7
1ST FSSG ADV ELEMENT	MPS1F	1

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.

None, these mobilization requirements do not significantly impact the normal operations of this hospital.

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BUMED-822 mss, 21 Jun 94

Number of "stubbed" expanded beds[1]: ~~40~~ 29

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

1ST FSSG	67446	11
HQ FMFPAC CAMP SMITH, HI	67025	2
FLEET HOSPITAL 2	68682	8
1ST MAW ADV ELEMENT	MPS3W	7
1ST FSSG ADV ELEMENT	MPS1F	1

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.

None, these mobilization requirements do not significantly impact the normal operations of this hospital.

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds[1]: 40

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

12. Non-availability Statements. Please complete the following table for Non-availability statements (NAS):

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	227	316	183
OUTPATIENT	60	119	120

13. Supplemental Care. Please complete the following table for supplemental care:

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD						
AD FAMILY						
OTHER						
TOTAL	1125	2,277	780	1,405	686	956

[1] The total number of consults, procedures and admissions covered with supplemental care dollars.

[2] The total cost in thousands of dollars.

14. Costs. Complete the following table regarding your outpatient costs. Use the same definitions and assumptions that you use for reporting to Medical Expense and Performance Reporting System (MEPRS).

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	~~3,235,240~~ 7,742,914	6,684,834	N/A
TOTAL OUTPATIENT VISITS	~~126,117~~ 100,593	129,363	N/A
AVERAGE COST PER VISIT	~~25.65~~ 76.97	51.67	N/A

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14a. Costs. Complete the following tables regarding your inpatients costs. Use the same definitions and assumptions that you use for reporting Medical Expense and Performance Reporting System (MEPRS). Table A, B, C, and D are used to arrive at a cost per Relative Weighted Product (RWP). Table E develops costs for inflation and add-ons to produce the final FY 1994 cost per RWP. FY 1994 should be completed through the First Quarter FY 1994. Costs should be total costs for the category unless otherwise indicated.

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)	10,060,395	17,337,519	N/A

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See page

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	N/A	N/A	N/A
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	245,807	1,668,906	N/A
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	245,807	1,668,906	N/A
E. TOTAL E EXPENSES (ALL ACCOUNTS)	1,923,448	6,319,165	N/A
F. % SELECTED E EXPENSES (D÷E)[1]	0.127794	0.264102	N/A

[1] Record as a decimal to 6 digits.

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Table C:

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	1,923,448	6,319,165	N/A
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)	245,807	1,668,906	N/A
I. AREA REFERENCE LABORATORIES (FAA)	0	0	N/A
J. CLINICAL INVESTIGATION PROGRAM (FAH)	0	0	N/A
K. TOTAL SELECTED F (I+J)	0	0	N/A
L. CONTINUING HEALTH EDUCATION (FAL)	94,315	209,114	N/A
M. DECEDENT AFFAIRS (FDD)	2,974	3,494	N/A
N. INITIAL OUTFITTING (FDE)	174,020	3,871	N/A
O. URGENT MINOR CONSTRUCTION (FDF)	0	0	N/A
P. TOTAL (L+M+N+O)	271,309	216,479	N/A
Q. E EXPENSES INCLUDED IN ROW P	2,974	3,494	N/A
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	380	922	N/A
S. OTHER F'S LESS E (P-R)	270,929	215,557	N/A

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Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	1,482	1,564	N/A
U. TOTAL WORK UNITS (MWU)[2]	4,544	5,096	N/A
V. PERCENT INPATIENT (IWU÷AWU)	48	44	N/A
W. FINAL OTHER F EXPENSES (S×V)	130,045	94,845	N/A
X. FINAL F EXPENSES (K+W)	9,944,631	15,763,458	N/A
Y. TOTAL CATEGORY III EXPENSES (A-H+X)			
Z. NUMBER OF BIOMETRICS DISPOSITIONS			
AA. TOTAL MEPRS DISPOSITIONS	2,624	2,347	N/A
BB. ADJUSTED DISPOSITIONS (Z÷AA)			
CC. ADJUSTED MEPRS EXPENSES (Y×BB)			
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)			
EE. COST PER RWP (CC÷DD)			
FF. TOTAL CATEGORY II RWPs[3]			
GG. TOTAL CATEGORY II COST (EE×FF)			
HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)			
II. TOTAL CATEGORY III RWPs (DD-FF)			
JJ. COST PER CATEGORY III RWP (HH÷II)			

[2] Total work units (MWU) is the total of Inpatient Work Units plus Ambulatory Work Units (IWU+AWU).

[3] Category II RWP's are RWP's due to Diagnoses Not Normally Hospitalized (DXNNH), Potential Ambulatory Surgery (PAS), and Active Duty Excessive Length of Stay (ADELS).

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TABLE E: BURDENING FOR ADD-ONS AND INFLATION

CATEGORY	FY 1992	FY 1993	FY 1994
KK. TOTAL OBDs (OCCUPIED BED DAYS)			
LL. CATEGORY II (AS DEFINED IN FF) OBDs			
MM. CATEGORY III OBDs (KK-LL)			
NN. AVERAGE DAYS/RWP (MM÷II)			
OO. ADD ON PER RWP (NN×77)			
PP. TOTAL COST PER RWP (JJ+OO)			
QQ. CIVILIAN PAY COST (PP×.15)			
RR. MILITARY PAY COST (PP×.56)			
SS. OTHER COSTS (PP×.29)			
TT. CIVILIAN PAY RAISES (QQ×1.037×1.0297)			
UU. MILITARY PAY RAISES (RR×1.037×1.0165)			
VV. UNFUNDED CIVILIAN RETIREMENT (TT×1.147)			
WW. CIVILIAN ASSET USE CHARGE (VV×1.04)			
XX. MILITARY ASSET USE CHARGE (UU×1.04)			
YY. OTHER ASSET USE CHARGES (SS×1.04)			
ZZ. OTHER COSTS DEFLATOR FACTOR (YY×1.083)			
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)			

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TABLE A: 29 PALMS

CATEGORY	FY 92	FY 93	FY 94
A. TOTAL MEPRS-A	4326871		

COMPLETE INFORMATION NOT AVAILABLE FOR FY 93 & 94

TABLE B:

CATEGORY	FY 92	FY 93	FY 94
B. GRADUATE MED ED (EBE)	0		
C. EDUCATION AND TRAINING (EBF)	245807		
D. TOTAL EXP EBE AND EBF	245807	0	0
E. TOTAL E EXPENSES	5216406		
F. % SELECTED E EXPENSES (D/E)	0.047122	ERR	ERR

TABLE C:

CATEGORY	FY 92	FY 93	FY 94
G. TOTAL E IN MEPRS-A	1212051		
H. E EXPENSES TO REMOVE FROM A (FxG)	57114.15	ERR	ERR
I. AREA REF LABS (FAA)	0		
J. CLINICAL INVEST (FAH)	0		
K. TOTAL SELECTED F (I+J)	0	0	0
L. CONTINUING HEALTH ED (FAL)	94315		
M. DECEDENT AFFAIRS (FDD)	2974		
N. INITIAL OUTFITTING (FDE)	174020		
O. URGENT MINOR CONST (FDF)	0		
P. TOTAL (L+M+N+O)	271309	0	0
E EXPENSE (FAL)	0		
E EXPENSE (FDD)	2974		
E EXPENSE (FDE)	0		
E EXPENSE (FDF)	0		
Q. E XEPENSES INCLUDED IN ROW P	2974	0	0
R. E EXPENSES TO REMOVE FROM P. (FxQ)	140.1406	ERR	ERR
S. OTHER F'S LESS E (P-R)	271168.9	ERR	ERR

TABLE D:

CATEGORY	FY 92	FY 93	FY 94
T. IWU	1682.22		
U MWU	4529.67		
V PERCENT INPATIENT	0.371378	ERR	ERR
W. FINAL OTHER F EXP (SxV)	100706.2	ERR	ERR
X FINAL F EXP (K+W)	100706.2	ERR	ERR
Y TOTAL CATEGORY III EXP (A-H+X)	4370463	ERR	ERR
Z NUMBER BIOMETRICS DISPOS	2598		
AA. TOTAL MEPRS DISP	2699		
BB. ADJ DISPOS (Z/AA)	0.962579	ERR	ERR
CC ADJ MERPS EXP (YxBB)	4206915	ERR	ERR
DD. TOTAL RWP	1393.098		
EE COST PER RWP (CC/DD)	3019.827	ERR	ERR
CATEGORY II RWPS			
(DXNNH)	3.0435		
(PAS)	343.9714		
(ADELS)	3.0423		
FF. TOTAL CAT II RWPS	350.0572	0	0
GG. TOTAL CAT II COST (EExFF)	1057112	ERR	ERR
HH. TOTAL EXT CAT III EXP (CC-GG)	3149803	ERR	ERR
II. TOTAL CAT III RWPS (DD-FF)	1043.041	0	0
JJ. COST PER CAT III RWP (HH/II)	3019.827	ERR	ERR

TABLE E

CATEGORY	FY 92	FY 93	FY 94
KK. TOTAL OBDS	4086		
CAT II OBDS			
(DXNNH)	12		
(PAS)	577		
(ADELS)	46		
LL TOTAL CAT II OBD	635	0	0
MM CAT III OBDS (KK-LL)	3451	0	0
NN. AVG DAYS/RWP (MM/II)	3.308595	ERR	ERR
OO. ADD ON PER RWP (NNx77)	254.7618	ERR	ERR
PP. TOTAL COST PER RWP (JJ+OO)	3274.589	ERR	ERR
QQ. CIVILIAN PAY COST (PPx.15)	491.1883	ERR	ERR
RR. MILITARY PAY COST (PPx.56)	1833.77	ERR	ERR
SS. OTHER COSTS (PPx.29)	949.6307	ERR	ERR
TT. CIVILIAN PAY RAISES (QQx1.037x1.0297))	524.4903	ERR	ERR
UU. MILITARY PAY RAISES (RRx1.037x1.0165)	1932.996	ERR	ERR
VV. UNFUNDED CIV RET (TTx1.47)	771.0008	ERR	ERR
WW. CIVILAIN ASSET USE CHARGE (VVx1.04)	801.8408	ERR	ERR
XX. MILITARY ASSET USE CHARGE (UU*1.04)	2010.316	ERR	ERR
YY. OTHER ASSET USE CHARGES (SS*1.04)	987.616	ERR	ERR
ZZ. OTHER COSTS DEFLATOR FACT (YY*1.083)	1069.588	ERR	ERR
ADJ CAT III COST/RWP	3881.745	ERR	ERR

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15. Quality of Life. UIC: 67399, Marine Corps Air Ground Combat Center, BSAT Data Call #23 will provide this "Quality of Life" information as the "host" activity.

a. Military Housing

(1) Family Housing:

(a) Do you have mandatory assignment to on-base housing? (circle) yes no

(b) For military family housing in your locale provide the following information:

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+				
Officer	3				
Officer	1 or 2				
Enlisted	4+				
Enlisted	3				
Enlisted	1 or 2				
Mobile Homes					
Mobile Home lots					

(c) In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:
What makes it inadequate?
What use is being made of the facility?
What is the cost to upgrade the facility to substandard?
What other use could be made of the facility and at what cost?
Current improvement plans and programmed funding:
Has this facility condition resulted in C3 or C4 designation on your BASEREP?

(d) Complete the following table for the military housing waiting list.

Pay Grade	Number of Bedrooms	Number on List[1]	Average Wait
O-6/7/8/9	1		
	2		
	3		
	4+		
O-4/5	1		
	2		
	3		
	4+		
O-1/2/3/CWO	1		
	2		
	3		
	4+		
E7-E9	1		
	2		
	3		
	4+		
E1-E6	1		
	2		
	3		
	4+		

[1]As of 31 March 1994.

(e) What do you consider to be the top five factors driving the demand for base housing? Does it vary by grade category? If so provide details.

	Top Five Factors Driving the Demand for Base Housing
1	
2	
3	
4	
5	

(f) What percent of your family housing units have all the amenities required by "The Facility Planning & Design Guide" (Military Handbook 1190 & Military Handbook 1035-Family Housing)?

(g) Provide the utilization rate for family housing for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(h) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 98% (or vacancy over 2%), is there a reason?

(2) BEQ:

(a) Provide the utilization rate for BEQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\text{AOB} = \frac{(\text{\# Geographic Bachelors x average number of days in barracks})}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?

(3) BOQ:

(a) Provide the utilization rate for BOQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\text{AOB} = \frac{(\text{\# Geographic Bachelors x average number of days in barracks})}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?

b. For on-base MWR facilities[2] available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

LOCATION_____ **DISTANCE**_____

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays		
	Outdoor Bays		
Arts/Crafts	SF		
Wood Hobby	SF		
Bowling	Lanes		
Enlisted Club	SF		
Officer's Club	SF		
Library	SF		
Library	Books		
Theater	Seats		
ITT	SF		
Museum/Memorial	SF		
Pool (indoor)	Lanes		
Pool (outdoor)	Lanes		
Beach	LF		
Swimming Ponds	Each		
Tennis CT	Each		

[2]Spaces designed for a particular use. A single building might contain several facilities, each of which should be listed separately.

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each		
Basketball CT (outdoor)	Each		
Racquetball CT	Each		
Golf Course	Holes		
Driving Range	Tee Boxes		
Gymnasium	SF		
Fitness Center	SF		
Marina	Berths		
Stables	Stalls		
Softball Fld	Each		
Football Fld	Each		
Soccer Fld	Each		
Youth Center	SF		

c. Is your library part of a regional interlibrary loan program?

d. Base Family Support Facilities and Programs

(1). Complete the following table on the availability of child care in a child care center on your base.

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos						
6-12 Mos						
12-24 Mos						
24-36 Mos						
3-5 Yrs						

(2). In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:
What makes it inadequate?
What use is being made of the facility?
What is the cost to upgrade the facility to substandard?
What other use could be made of the facility and at what cost?
Current improvement plans and programmed funding:
Has this facility condition resulted in C3 or C4 designation on your BASEREP?

(3). If you have a waiting list, describe what programs or facilities other than those sponsored by your command are available to accommodate those on the list.

(4). How many "certified home care providers" are registered at your base?

(5). Are there other military child care facilities within 30 minutes of the base? State owner and capacity (i.e., 60 children, 0-5 yrs).

(6). Complete the following table for services available on your base. If you have any services not listed, include them at the bottom.

Service	Unit of Measure	Qty
Exchange	SF	
Gas Station	SF	
Auto Repair	SF	
Auto Parts Store	SF	
Commissary	SF	
Mini-Mart	SF	
Package Store	SF	
Fast Food Restaurants	Each	
Bank/Credit Union	Each	
Family Service Center	SF	
Laundromat	SF	
Dry Cleaners	Each	
ARC	PN	
Chapel	PN	
FSC Classrm/Auditorium	PN	

e. Proximity of closest major metropolitan areas (provide at least three):

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1		
E2		
E3		
E4		
E5		
E6		
E7		
E8		
E9		
W1		
W2		
W3		
W4		
O1E		
O2E		
O3E		
O1		
O2		
O3		
O4		
O5		
O6		
O7		

g. Off-base housing rental and purchase

(1) Fill in the following table for average rental costs in the area for the period 1 April 1993 through 31 March 1994.

Type Rental	Average Monthly Rent		Average Monthly Utilities Cost
	Annual High	Annual Low	
Efficiency			
Apartment (1-2 Bedroom)			
Apartment (3+ Bedroom)			
Single Family Home (3 Bedroom)			
Single Family Home (4+ Bedroom)			
Town House (2 Bedroom)			
Town House (3+ Bedroom)			
Condominium (2 Bedroom)			
Condominium (3+ Bedroom)			

(2) What was the rental occupancy rate in the community as of 31 March 1994?

Type Rental	Percent Occupancy Rate
Efficiency	
Apartment (1-2 Bedroom)	
Apartment (3+ Bedroom)	
Single Family Home (3 Bedroom)	
Single Family Home (4+ Bedroom)	
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

(3) What are the median costs for homes in the area?

Type of Home	Median Cost
Single Family Home (3 Bedroom)	
Single Family Home (4+ Bedroom)	
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

(4) For calendar year 1993, from the local MLS listings provide the number of 2, 3, and 4 bedroom homes available for purchase. Use only homes for which monthly payments would be within 90 to 110 percent of the E5 BAQ and VHA for your area.

Month	Number of Bedrooms		
	2	3	4+
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			

(5) Describe the principle housing cost drivers in your local area.

h. For the top five sea intensive ratings in the principle warfare community your base supports, provide the following:

Rating	Number Sea Billets in the Local Area	Number of Shore billets in the Local Area

i. Complete the following table for the average one-way commute for the five largest concentrations of military and civilian personnel living off-base.

Location	% Employees	Distance (mi)	Time (min)

j. Complete the tables below to indicate the civilian educational opportunities available to service members stationed at the air station (to include any outlying fields) and their dependents:

(1) List the local educational institutions which offer programs available to dependent children. Indicate the school type (e.g. DODDS, private, public, parochial, etc.), grade level (e.g. pre-school, primary, secondary, etc.), what students with special needs the institution is equipped to handle, cost of enrollment, and for high schools only, the average SAT score of the class that graduated in 1993, and the number of students in that class who enrolled in college in the fall of 1994.

Institution	Type	Grade Level(s)	Special Education Available	Annual Enrollment Cost per Student	1993 Avg SAT/ ACT Score	% HS Grad to Higher Educ	Source of Info

(2) List the educational institutions within 30 miles which offer programs off-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational / Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					

(3) List the educational institutions which offer programs on-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

Skill Level	Number of Military Spouses Serviced by Family Service Center Spouse Employment Assistance			Local Community Unemployment Rate
	1991	1992	1993	
Professional				
Manufacturing				
Clerical				
Service				
Other				

l. Do your active duty personnel have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

m. Do your military dependents have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

n. Complete the table below to indicate the crime rate for your air station for the last three fiscal years. The source for case category definitions to be used in responding to this question are found in NCIS - Manual dated 23 February 1989, at Appendix A, entitled "Case Category Definitions." Note: the crimes reported in this table should include 1) all reported criminal activity which occurred on base regardless of whether the subject or the victim of that activity was assigned to or worked at the base; and 2) all reported criminal activity off base.

Crime Definitions	FY 1991	FY 1992	FY 1993
1. Arson (6A)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
2. Blackmarket (6C)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
3. Counterfeiting (6G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
4. Postal (6L)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
5. Customs (6M)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
6. Burglary (6N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
7. Larceny - Ordnance (6R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
8. Larceny - Government (6S)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
10. Wrongful Destruction (6U)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
11. Larceny - Vehicle (6V)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
12. Bomb Threat (7B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
13. Extortion (7E)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
14. Assault (7G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
15. Death (7H)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
16. Kidnapping (7K)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
18. Narcotics (7N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
19. Perjury (7P)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
20. Robbery (7R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
21. Traffic Accident (7T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
23. Indecent Assault (8D)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
24. Rape (8F)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
25. Sodomy (8G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

15. Quality of Life

o. Provide data on the Hospital's BOQs and BEQs. Provide this information on all BEQs and BOQs that your personnel use that are located on the base you are located. This information should be provided even if you do not control or manage these facilities. The desired unit of measure for this capacity is people housed. Use CCN to differentiate between pay grades, i.e., E1-E4, E5-E6, E7-E9, CWO-O2, O3 and above.

Facility Type, Bldg. #, & CCN	Total No. of Beds	Total No. of Rooms/ Squadbays	Adequate		Substandard		Inadequate	
			Beds	Sq Ft	Beds	Sq Ft	Beds	Sq Ft
BEQ, BLDG. #1466, 721-11	90	30	90	308/ROOM				
BEQ, BLDG. #1466, 721-12	10	5	10	308/ROOM				

b. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

(1) FACILITY TYPE/CODE:
(2) WHAT MAKES IT INADEQUATE?
(3) WHAT USE IS BEING MADE OF THE FACILITY?
(4) WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD?
(5) WHAT OTHER USE COULD BE MADE OF THE FACILITY AND AT WHAT COST?
(6) CURRENT IMPROVEMENT PLANS AND PROGRAMMED FUNDING:
(7) HAS THIS FACILITY CONDITION RESULTED IN C3 OR C4 DESIGNATION ON YOUR BASEREP?

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

C. S. CHITWOOD	CS Chitwood
NAME (Please type or print)	Signature
COMMANDING OFFICER	9/9/94
Title	Date
NAVAL HOSPITAL TWENTYNINE PALMS	
Activity	

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

HAROLD M. KOENIG, RADM, MC, USN
NAME (Please type or print)

Signature

ACTING CHIEF BUMED
Title

9-14-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER
NAME (Please type or print)

Signature

Title

9/21/94
Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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ACTIVITY COMMANDER

C. S. CHITWOOD
NAME (Please type or print)

C S Chitwood
Signature

COMMANDING OFFICER
Title

23 MAY 1994
Date

NAVAL HOSPITAL, 29 PALMS, CA
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) | Signature

Title | Date

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) | Signature

CHIEF BUMED/SURGEON GENERAL | 6-2-94

Title | Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J.B. GROONE JR.

NAME (Please type or print) | Signature

ACTING | 6/9/94

Title | Date

Revised pg 23

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title 6-21-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

R. R. SAREERAM

NAME (Please type or print) Signature

ACTING 28 JUN 1994

Title Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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ACTIVITY COMMANDER

C. S. CHITWOOD	C S Chitwood
NAME (Please type or print)	Signature
COMMANDING OFFICER	9/29/94
Title	Date

NAVAL HOSPITAL TWENTYNINE PALMS
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

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MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X 10/3/94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) J B Greene Jr Signature

ACTING

Title 11 OCT 1994 Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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ACTIVITY COMMANDER

C. S. CHITWOOD
NAME (Please type or print)

C S Chitwood
Signature

COMMANDING OFFICER
Title

1/23/95
Date

NAVAL HOSPITAL TWENTYNINE PALMS
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

HAROLD M. KOENIG, RADM, MC, USN — X [signature]

NAME (Please type or print) — Signature

ACTING CHIEF BUMED — X 1-26-95

Title — Date

BUREAU OF MEDICINE AND SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER — [signature]

NAME (Please type or print) — Signature

_____ — 2/6/95

Title — Date

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

J. H. VASQUEZ	
NAME (Please type or print)	Signature
Commanding Officer	
Title	Date 23 Jan 95
Naval Hospital Lemoore	
Activity	

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

HAROLD M. KOENIG, RADM, MC, USN — X [signature]

NAME (Please type or print) — Signature

ACTING CHIEF BUMED — X 1-26-95

Title — Date

BUREAU OF MEDICINE AND SURGERY

Activity

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DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER — [signature]

NAME (Please type or print) — Signature

_____ — 2/6/95

Title — Date

Document Separator

365

DATA CALL NUMBER TWENTY-SIX

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: NAVAL HOSPITAL OAK HARBOR UIC #66097

Category.....Personnel Support
Sub-category....Medical
Types.....Clinics, Hospitals, and Medical Centers

*******If any responses are classified, attach separate classified annex*******

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MISSION REQUIREMENTS

1. Population. Please identify your beneficiary population using the same definitions as used by RAPS. Use the following table to record your results.

TYPE	ACTUAL FY 1993			PROJECTED FY 1999		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	8,490	SAME	N/A	7,948	SAME	N/A
FAMILY OF AD	11,882			10,970		
SUBTOTAL	20,372			18,918		
RETIRED AND FAMILY MEMBERS UNDER 65	6,028			5,845		
RETIRED AND FAMILY MEMBERS OVER 65[4]	1,694			2,094	93%	
OTHER	561			1,439		
TOTAL	28,655			28,296		

NOTE: THE FOLLOWING APPLIES TO ALL FACILITIES.

[1] THE BASIS FOR YOUR REPORTED POPULATION IS THE CATCHMENT AREA DEFINED AS SETS OF ZIP CODES EMANATING FROM THE CENTER OF THE ZIP CODE IN WHICH THE MTF IS LOCATED WITH A RADIUS OF 40 MILES.

[2] THIS IS THE POPULATION SPECIFICALLY ASSIGNED TO YOUR FACILITY IN CONTRAST TO THE POPULATION IN THE CATCHMENT AREA. THIS IS IMPORTANT IN FACILITIES WITH OVERLAPPING CATCHMENT AREAS.

[3] IF YOU ARE A DESIGNATED NAVAL MEDICAL CENTER, PLEASE REPORT YOUR LEAD AGENT POPULATION (SEE TRICARE POLICY GUIDELINES).

[4] THIS SECTION MUST BE COMPLETED.

* Projected FY 2001 numbers reflect data as follows; Active Duty figures provided by NAS Whidbey Island for 1999. Remaining population numbers developed utilizing RAPS, version 6.01, FY93 baseyear data as projected for 1999. This is as far as we can project into the future.

R

2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds[1]:	25
Set Up Beds[1]:	~~25~~ 1 R VRBUMED824 10/4/94
Expanded Bed Capacity[2]:	31 R 29 SEPT 94 Huff

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

4 R 29 SEPT 94 Huff

2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds[1]:	25
Set Up Beds[1]:	25
Expanded Bed Capacity[2]:	31

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

The following questions are designed to determine the level of services provided at your facility during FY 1993, your current maximum capability (i.e. your maximum capacity given the same set of parameters that you are currently functioning within), and the requirements of the community you support.

3. Workload. Complete the following table for FY 1993:

BUMED-822-
mss
1 Jun 94

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	59,032	72,471	21,582	153,085
ADMISSIONS	409	1,571	223	2,203
LABORATORY TESTS (WEIGHTED)[1]	N/A	N/A	N/A	1,262,671
RADIOLOGY PROCEDURES (WEIGHTED)[1]	N/A	N/A	N/A	77,243
PHARMACY UNITS (WEIGHTED)[1]	N/A	N/A	N/A	270,545
OTHER (SPECIFY)	N/A	N/A	N/A	N/A

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

* Total ancillary workload is not broken down by patient category for current periodic reporting requirements, nor is such a breakdown possible with our current automated data collection systems.

3a. Workload. Complete the following table for your maximum capacity. Assume the same facility, staff, equipment, and supplies you currently have. Do not change your scope of practice. Show all calculations and assumptions in the space below.

BUMED-822
MSS
1 Jun 94

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	59,250	72,500	21,750	153,500
ADMISSIONS	490	1,680	240	2,410
LABORATORY TESTS (WEIGHTED)[1]	N/A	→	→	1,275,000
RADIOLOGY PROCEDURES (WEIGHTED)[1]	N/A	→	→	77,500
PHARMACY UNITS (WEIGHTED)[1]	N/A	→	→	305,000
OTHER (SPECIFY)	N/A	→	→	→

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

* Total ancillary workload is not broken down by patient category for current periodic reporting requirements, nor is such a breakdown possible with our current automated data collection systems. Also, Naval Hospital Oak Harbor is currently considered to be operating at or near its maximum capacity.

3b. Workload. Complete the following table for the current workload demand of your supported population. Assume you are to provide all the care in your facility for your catchment area. Show all calculations and assumptions in the space below.

BUMED-822 mk 1 Jun 94

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	59,032	94,090	28,039	181,161
ADMISSIONS	409	1,946	284	2,639
LABORATORY TESTS (WEIGHTED)[1]	N/A	→	→	1,502,578
RADIOLOGY PROCEDURES (WEIGHTED)[1]	N/A	→	→	91,919
PHARMACY UNITS (WEIGHTED)[1]	N/A	→	→	321,949
OTHER (SPECIFY)	N/A	→	→	→

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

* These numbers reflect out best estimate of the total current workload that would be handled at Naval Hospital Oak Harbor assuming we had all of the space, equipment, and staff we needed. Current workload demand based on actual FY93 workload and extrapolated therefrom. Total actual CY93 CHAMPUS outpatient visits (28,076) and admissions (436) were apportioned between "Family of Active Duty" and "Retired and Family" in the same percentages as reflected in the FY93 breakdown between those two categories (see calculations below). For ancillary work breakdown, see note on page 5. Total direct care plus CHAMPUS workload for OPV's and admissions was higher by 18.3% and 19.8%, respectively, than the direct care workload only that was reflected on page 5; consequently, the total ancillary workload shown on page 5 was increased by a comparable 19% to get the data shown above.

OPVs ==> .77 x 28,076 = 21,619 + 72,471 = 94,090; .23 x 28,076 = 6,457 + 21,582 = 28,039
ADMs ==> .86 x 436 = 375 +1,571 = 1,946; .14 x 436 = 61 + 223 = 284

4. Staffing. Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care). Please include military, civilian, and contract providers. Do not include partnerships.

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	~~25~~ 13	~~25~~ 13	~~25~~ 13	~~25~~ 13	~~25~~ 13	~~25~~ 13	~~25~~ 13	~~25~~ 13
SPECIALTY CARE[2]	7	8	8	8	8	8	8	8
PHYSICIAN EXTENDERS[3]	~~0~~ 2	~~0~~ 2	~~0~~ 2	~~0~~ 2	~~0~~ 2	~~0~~ 2	~~0~~ 2	~~0~~ 2
INDEPENDENT DUTY CORPSMEN	5	5	5	5	5	5	5	5
TOTAL	~~40~~ 27	~~51~~ 28	~~51~~ 28	~~51~~ 28	~~51~~ 28	~~51~~ 28	~~51~~ 28	~~51~~ 28

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mdl
1 Jun 94

[1] This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.
[2] This is all other physician providers not included in the primary care category.
[3] This includes Physician Assistants and Nurse Practitioners.

LOCATION

5. Community Providers. Complete the following table for the civilian providers within your 40 mile catchment area. The catchment area is defined as sets of zip codes emanating from the center of the ZIP code in which the MTF is located with a radius of 40 miles. If you are required to use another boundary please define the geographical region and the reason for its use.

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	61
SPECIALTY CARE[2]	26
PHYSICIAN EXTENDER[3]	16
TOTAL	103

[1] This includes General Practitioners, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

[2] This is all other physician providers not included in the primary care category.

[3] This includes Physician Assistants and Nurse Practitioners.

* Data provided covers the manageable catchment area which consists of Whidbey Island and Fidalgo Island. This distinction is necessary due to the natural geographic boundaries which exist.

6. Regional Population. Please provide the U. S. Census population for your 40 mile catchment area. If you are required to use another boundary please define the geographical region and the reason for its use. Also list the source of this information. This value should include your beneficiary population.

Region Population: 67,389

Naval Hospital Oak Harbor's catchment area is defined by natural geographical barriers. The manageable catchment area consists of Whidbey Island and Fidalgo Island. The population for these islands was provided by the U.S. Census Bureau.

7. Regional Community Hospitals. Please list in the table below all the community hospitals (as defined in the American Hospital Association publication Hospital Statistics)in your region (include military, civilian, and any federal facilities including Veterans Affairs):

FACILITYNAME	OWNER	DISTANCE[1]	DRIVINGTIME	RELATIONSHIP[2]
WhidbeyGenl	Govt-Nonfed	14	25 mins	
Island	Govt-Nonfed	21	30 mins	

[1] Distance in driving miles from your facility
[2] List any partnerships, MOUs, contracts, etc with this facility

7a. Regional Community Hospitals. For each facility listed in the preceding table complete the following table:

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
Whidbey General	56	Yes	44%	
Island	48	Yes	49%	

[1] Use definitions as noted in the American Hospital Association publication Hospital Statistics.

[2] Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

c. Training Facilities:

(1) By facility Category Code Number (CCN), provide the usage requirements for each course of instruction required for all formal schools on your installation. A formal school is a programmed course of instruction for military and/or civilian personnel that has been formally approved by an authorized authority (ie: Service Schools Command, Weapons Training Battalion, Human Resources Office). Do not include requirements for maintaining unit readiness, GMT, sexual harassment, etc. Include all applicable 171-xx, 179-xx CCN's.

Type of Training Facility/CCN	School	Type of Training	FY 1993 Requirements			FY 2001 Requirements		
			A	B	C	A	B	C
Aviation Physiology Training Department		Aviation Physiology	557	8	4456	597	8	4776
Aviation Physiology Training Department		Water Survival	641	8	5128	681	8	5448

A = STUDENTS PER YEAR
B = NUMBER OF HOURS EACH STUDENT SPENDS IN THIS TRAINING FACILITY FOR THE TYPE OF TRAINING RECEIVED
C = A x B

Naval Hospital Oak Harbor, UIC# 66097
Addendum to Data Call Number Twenty-Six

(2) By Category Code Number (CCN), complete the following table for all training facilities aboard the installation. Include all 171-xx and 179-xx CCN's.

For example: in the category 171-10, a type of training facility is academic instruction classroom. If you have 10 classrooms with a capacity of 25 students per room, the design capacity would be 250. If these classrooms are available 8 hours a day for 300 days a year, the capacity in student hours per year would be 600,000.

Type Training Facility/CCN	Total Number	Design Capacity (PN)[1]	Capacity (Student HRS/YR)
Small Classroom (1)	16 seats	16	33,280
Large Classroom (1)	24 seats	24	49,920
Combat Conditioning Tank	15	15 in pool at one time-max	11,700

(3) Describe how the Student HRS/YR value in the preceding table was derived.

For the classrooms, these values reflect the potential hours based on classroom availability. (Design capacity times 8 hours per day times 260 days per year)

For the Combat Conditioning Tank, the capacity is based on the current availability of training time in the pool which is limited to 3 hours. (Design capacity times 3 hours per day times 260 days per year)

[1] Design Capacity (PN) is the total number of seats available for students in spaces used for academic instruction; applied instruction; and seats or positions for operational trainer spaces and training facilities other than buildings, i.e., ranges. Design Capacity (PN) must reflect current use of the facilities.

DATA CALL NUMBER TWENTY-SIX
CAPACITY ANALYSIS

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

HERBERT A. SPEIR, CAPT MSC USN
NAME (Please type or print)

Herbert A. Speir
Signature

COMMANDING OFFICER
Title

5-23-94
Date

NAVHOSP Oak Harbor, WA
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature

CHIEF BUMED/SURGEON GENERAL

Title — Date 6-2-94

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J.B. GREENE JR.

NAME (Please type or print) — Signature

ACTING

Title — Date 8 JUNE 1994

BRAC-95 CERTIFICATION
BRAC 95 DATA CALL #26, QUESTION 2 REVISION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

HERBERT A. SPEIR, CAPT MSC USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

9-30-94
Date

NAVHOSP Oak Harbor, WA
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) — Signature

CHIEF BUMED/SURGEON GENERAL

Title — Date 10/4/94

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) — Signature

ACTING

Title — Date 10 OCT 1994

Document Separator

385

DATA CALL NUMBER TWENTY-SEVEN

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: NAVAL HOSPITAL OAK HARBOR, OAK HARBOR, WA
ACTIVITY UIC: 66097

Category.....Personnel Support
Sub-category.....Medical
Types.....Clinics, Hospitals, Medical Centers

April 4, 1994

**********If any responses are classified, attach separate classified annex**********

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MISSION REQUIREMENTS

1. Mission Statement. State the mission of your medical facility in sufficient detail so that it can be distinguished from other medical facilities.

The mission of Naval Hospital Oak Harbor is to:

-Ensure the sustained medical readiness of active duty personnel for deployment on short notice.

-Provide a comprehensive range of outpatient clinical services, including around-the-clock emergency care, and inpatient hospitalization capability for active duty personnel, their spouses and children, and other eligible beneficiaries.

-Provide aviation medicine service, including aviation physiology and water survival training, to personnel assigned to the VA, VAQ, and VP wings and squadrons, the Marine Aviation Training Support Group, and to other aviation personnel aboard NAS Whidbey Island.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
VA 128	N09522	NAS WHIDBEY ISLAND	524
VAQ 129	N09995	NAS WHIDBEY ISLAND	522
AIMD	N44329	NAS WHIDBEY ISLAND	452
SEAOPDET	N46967	NAS WHIDBEY ISLAND	428
NAS	N00620	NAS WHIDBEY ISLAND	346
VA 196	N09093	NAS WHIDBEY ISLAND	314
VA 52	N09283	NAS WHIDBEY ISLAND	308
VA 95	N09707	NAS WHIDBEY ISLAND	305
VP 40	N09674	NAS WHIDBEY ISLAND	304
NAVFAC	N68844	NAS WHIDBEY ISLAND	291
VA 165	N09616	NAS WHIDBEY ISLAND	280
VP 46	N09632	NAS WHIDBEY ISLAND	277
VAQ 139	N09200	NAS WHIDBEY ISLAND	221
NAVHOSP	N66097	NAS WHIDBEY ISLAND	215
VAQ 138	N09199	NAS WHIDBEY ISLAND	213
VAQ 135	N09971	NAS WHIDBEY ISLAND	209
VAQ 134	N09970	NAS WHIDBEY ISLAND	208
VAQ 140	N53806	NAS WHIDBEY ISLAND	202
VAQ 137	N09996	NAS WHIDBEY ISLAND	201
VAQ 132	N09615	NAS WHIDBEY ISLAND	199
VAQ 131	N09364	NAS WHIDBEY ISLAND	198
VAQ 130	N09289	NAS WHIDBEY ISLAND	197
VAQ 141	N53807	NAS WHIDBEY ISLAND	197
SE	N46252	NAS WHIDBEY ISLAND	153
NAVAIRES	N00621	NAS WHIDBEY ISLAND	141
A/C OP DET	N35674	NAS WHIDBEY ISLAND	134
VP 69	N09989	NAS WHIDBEY ISLAND	133
VAQ 309	N53871	NAS WHIDBEY ISLAND	122
VAQ 129 STUDENTS	N30694	NAS WHIDBEY ISLAND	111
NAMTRAGRU DET	N66058	NAS WHIDBEY ISLAND	108
VA 128 STUDENTS	N30679	NAS WHIDBEY ISLAND	85
EODMU 11	N55569	NAS WHIDBEY ISLAND	81
VR 61	N08988	NAS WHIDBEY ISLAND	81
COMPATWING 10	N55165	NAS WHIDBEY ISLAND	57
CBU 417	N66925	NAS WHIDBEY ISLAND	50
CWWP	N55627	NAS WHIDBEY ISLAND	50
NAVFAC (CANADIAN DET	NX2305	NAS WHIDBEY ISLAND	47
PSD	N43138	NAS WHIDBEY ISLAND	46
CAWP	N55628	NAS WHIDBEY ISLAND	44
MAWS	N46740	NAS WHIDBEY ISLAND	38
NWSTF	N30051	BOARDMAN, OR	33
EODMU 17	N47150	NAS WHIDBEY ISLAND	32
NAVCOMDET	N33219	NAS WHIDBEY ISLAND	31
NAS OTHERS	N43492	NAS WHIDBEY ISLAND	29
DENTAL CLINIC	N39075	NAS WHIDBEY ISLAND	23
NPMD	N65907	NAS WHIDBEY ISLAND	22
MATSG	M67849	NAS WHIDBEY ISLAND	20
MWSS-473	N48043	NAS WHIDBEY ISLAND	17
FASO	N0345A	NAS WHIDBEY ISLAND	12
STU EEAP SVC	N43997	NAS WHIDBEY ISLAND	12
FIC	N45002	NAS WHIDBEY ISLAND	12
NLSO	N35502	NAS WHIDBEY ISLAND	9
NAESU	N30033	NAS WHIDBEY ISLAND	8
DECA	N49110	NAS WHIDBEY ISLAND	8
ROICC (WESTDIV)	NX1366	NAS WHIDBEY ISLAND	6
CAAC	N68121	NAS WHIDBEY ISLAND	4
RBSU	N30052	SPOKANE	4
NAVY EXCHANGE	N63355	NAS WHIDBEY ISLAND	1
NAVFAC (DET PAC BCH)	N67056	NAS WHIDBEY ISLAND	1
NAVY CAMPUS	N49304	NAS WHIDBEY ISLAND	1

3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	481	58,983	1.79	2.5
ACTIVE DUTY NON N/MC	8		1.67	0.0
TOTAL ACTIVE DUTY	489	58,983		2.5
FAMILY OF AD	1,430	70,918	1.87	7.4
RETIRED AND FAMILY MEMBERS UNDER 65	127	12,905	1.97	0.8
RETIRED AND FAMILY MEMBERS OVER 65	36	5,530	1.97	0.2
OTHER	42	2,333	3.00	0.2
TOTAL	2,124	150,669		11.1

What is your occupancy rate for FY94 to date? 44%

Revised pg

3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	481	58,983	not available	not available
ACTIVE DUTY NON N/MC	8			
TOTAL ACTIVE DUTY	489	58,983		
FAMILY OF AD	1,430	70,918	not available	
RETIRED AND FAMILY MEMBERS UNDER 65	127	12,905		
RETIRED AND FAMILY MEMBERS OVER 65	36	5,530		
OTHER	42	2,333		
TOTAL	2,124	150,669		12.93 *

* FY93

What is your occupancy rate for FY94 to date? 44%

Current and projected ALOS for FY94 is 1.9, and 11 for ADPL. ALOS and ADPL are not broken down by patient category for current periodic reporting requirements, nor is such a breakdown possible with our current automated data collection systems.

BUMED-822, MSL
1 Jun 94

4. Projected Workload. Complete the following tables for your projected workload. Please show and develop any assumptions and calculations used to complete the table. Be sure to note any impact prior closure and realignment decisions have had on your facility. Please be sure to include any impact your participation in the managed care initiative (TRICARE), previous BRAC actions, and force structure reductions will have on your workload.

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS	151,408	144,519	137,176	137,176	137,176	137,176	137,176
ADMISS.	2,153	2,043	1,931	1,931	1,931	1,931	1,931

Please show all assumptions and calculations in the space below:

* Data developed using RAPS, version 4.5, FY90 baseyear numbers.

5. Medical Support. Indicate in the table below all the medical support you provide that is not direct patient care, and identify the time spent providing such support (i.e. food service inspections, medical standby for physical fitness tests, flight operations, field training,rifle range, MWR support for sporting events, etc.).

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Food Service Inspections	87 hrs	1
Home Day Care/Base Housing Sanitation Inspections	12 hrs	1
Animal Bite Follow-up	14 hrs	1
Health Cards Issued	10 hrs	1
Water/Ice Testing	12 hrs	1-2
Occ Health/Prev Medicine Training	15 hrs	2-4
Water Survival Training	160 hrs	8-10
Aviation Physiology Training	160 hrs	2-10
Ambulance Standby (Rifle Range, Crash Calls, etc.)	25 hrs	2-4

6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
Not Applicable								

6a. Graduate Medical Education. Complete the following table for each Graduate Medical Education program that requires accreditation by the Accreditation Council for Graduate Medical Education (ACGME):

PROGRAM	STATUS [1]	CERT. [2]	COMMENTS [3]
Not Applicable			

[1] Use F for fully accredited, P for probation, and N for not accredited.
[2] List the percentage of program graduates that achieve board certification.
[3] Complete this section for all programs that you entered a P or N in the Status column. Indicate why the program is not fully accredited and when it is likely to become fully accredited.

FACILITIES

7. Facilities Description. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Medical Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
510-10	993 Naval Hospital	94,201	25	Adequate
510-77	2564 Storage	984	20	Adequate
510-77	2703 Medical Storage	66	10	Adequate
171-20	2758 APTD	12,653	2	Adequate

[1] Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

[2] This should be based on NAVFACINST 11011.44E Shore Facilities Planning Manual and the condition recorded should be recorded as Adequate, Substandard, or Inadequate. Chapter 5 of NAVFACINST 11011.44E provides guidance on this scoring system.

7a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

1. Facility Type/Code:
2. What makes it inadequate?
3. What use is being made of the facility?
4. What is the cost to upgrade the facility to substandard?
5. What other use could be made of the facility and at what cost?
6. Current improvement plans and programmed funding:
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?

7b. Capital Improvement Expenditures. List the project number, description, funding year, and value of the capital improvements at your facility completed (beneficial occupancy) during 1988 to 1994. Indicate if the capital improvement is a result of BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-006	Hospital Addition/Alterations	FY88	$14.5 M

7c. Planned Capital Improvements. List the project number, funding year, and value of the non-BRAC related capital improvements planned for years 1995 through 1997.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
P-008	Hospital Addition	Unpro-grammed	$4.5M

7d. Planned Capital Improvements. List the project number, description, funding year, and value of the BRAC related capital improvements planned for 1995 through 1999.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	Not Applicable		

7e. Please complete the following Facility Condition Assessment Document (FCAD) DD Form 2407: Instructions follow the form.

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME NAVAL HOSPITAL OAK HARBOR				
2. UIC 66097	3. CATEGORY CODE 51010, 51077, and 17120	4. NO. OF BUILDINGS 4		
5. SIZE	A. GSF 107,904	B. NORMAL BEDS 25		C.DTRS
6. LOCATION	A. CITY 2508		B.STATE 53	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100				
(2) ADMINISTRATION	100				
(3) CENTRAL STERILE SVCS.	100				
(4) DENTAL	N/A				
(5) EMERGENCY SVCS.	100				
(6) FOOD SERVICES	N/A				
(7) LABORATORIES	100				
(8) LOGISTICS	100				
(9) INPATIENT NURSING UNITS	100				
(10) LABOR-DEL-NURSERY	100				
(11) OUTPATIENT CLINICS	100				
(12) PHARMACY	100				
(13) RADIOLOGY	100				
(14) SURGICAL SUITE	100				
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	100				
(B) HVAC	100				
(C) PLUMBING	100				
(D) ELECTRICAL SVCS.	100				

(E) ELECTRICAL DISTRIBUTION	100				
(F) EMERGENCY POWER	100				

FORM INSTRUCTIONS

1. This form is not intended to be used as detailed engineering evaluation of the condition of the facilities. It is primarily designed to assist in assessing the adequacy and condition of Medical/Dental Facilities. Complete only one form for all of your facilities.

2. The Functions/Systems should be evaluated on a consolidated basis for the entire facility.

3. Not more than 4 deficiencies should be identified in the Deficiency Codes column for each item listed under the Function/System column.

4. Fill in N/A (not applicable) where certain Function/System is not present in the facility. For example, Inpatient Nursing Units and Labor-Delivery-Nursery are not applicable to Clinics.

5. Numbers under % Adequate, % Substandard, % Inadequate must total 100 for each function/System.

6. After completion, the form must be signed by the Commander/Commanding Officer/Officer-in-Charge of the facility.

7. Use DoD Standard Data Element Codes for State when entering codes in item

DEFINITIONS

CATEGORY CODE - Facility Category Code is a numeric code used to identify a particular use of Military Department's real property for Hospital and other Medical Facilities usage (i.e., building, structure or utility). The first three digits of the code are a DoD standard (DoDI 4165.3); the fourth, fifth and sixth (if applicable) digits are added to provide more definitive categorization of the Military Department's facilities.

CONSTRUCTION TYPE - Type is either Permanent, Semi-permanent, or Temporary construction at the time building was built.

% ADEQUATE - Percent Adequate is the capacity of a facility or portion thereof, in percentage form, that is in adequate condition and associated with a designated function (USE). Adequate is defined as being capable of supporting the designated function without a need for capital improvements.

% SUBSTANDARD - Percent Substandard is the capacity of a facility or portion thereof, in percentage form, that is in substandard condition and associated with a designated function (USE). Substandard is defined as having deficiencies which prohibit of severely restrict, or will prohibit or severely restrict within the next five years due to expected deterioration , the use of a facility for its designated function. Substandard is further defined as having deficiencies which can be economically corrected by capital improvements and/or repairs.

% INADEQUATE - Percent Inadequate is the capacity of a facility of portion thereof, in percentage form, that is in inadequate condition and associated with a designated function (USE). Inadequate is defined as having

deficiencies due to physical deterioration, functional inadequacy or hazardous location or situation which prohibit or severely restrict, or will prohibit or severely restrict within the next five years, the use of a facility for its designated function. Inadequate is further defined as having deficiencies which cannot be economically corrected to meet the requirements of the designated function.

DEFICIENCY CODE - Code is a three character code indicating the type of deficiency existing in a facility or portion thereof that is in a substandard or inadequate condition and associated with a designated function (USE). The first character of the code indicates one of the six types of deficiencies. The next two characters specify the facility component(s) or related items which are deficient.

(1) Deficient Status of Condition Types - first character
- A - Physical Condition
- B - Functional or Space Criteria
- C - Design Criteria
- D - Location or Siting Criteria
- E - Nonexistence
- F - Total Obsolescence or Deterioration

(2) Facility Components or Related Items - last two characters
- 01 - Heating, Ventilating and Air Conditioning (HVAC)
- 02 - Plumbing Fixtures
- 03 - Fire Protection/Life Safety Code
- 04 - Medical Gases
- 05 - Lighting Fixtures
- 06 - Power Capacity
- 07 - Emergency Generators
- 08 - Communications
- 09 - Building or Structure (total)
- 10 - Seismic Design
- 11 - Roof/Ceiling
- 12 - Building Interior/Configuration
- 13 - Sound Proofing/Excessive Noise
- 14 - Compliance of Installation with Master Plan
- 15 - OSHA Deficiency
- 16 - JCAH Deficiency
- 17 - Functionality
- 18 - Site Location
- 19 - Mission of the Base
- 20 - None

7f. Please provide the date of your most recent Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey and indicate the status of your certification. Also record your Life Safety Management score from that survey.

DATE OF SURVEY: 11 Sept 1991

FULL ACCREDITATION: YES

LIFE SAFETY MANAGEMENT SCORE; * (Record as 1,2,3,4,or 5)

* Life Safety Management Score was not separately categorized as such by JCAHO in 1991, but there were no significant deficiencies noted.

LOCATION:

8. Geographic Location. How does your geographic location affect your mission? Specifically, address the following:

a. What is the importance of your location relative to the clients supported?

Our location aboard NAS Whidbey Island makes us very accessible to our primary customers and to other beneficiaries, most of whom live within easy driving time and distance.

b. What are the nearest air, rail, sea and ground transportation nodes?

TYPE	LOCATION	DISTANCE
Air	Besides NAS Whidbey Island, Oak Harbor Municipal Airport is approximately 8 miles from NHOH	
Rail (freight)	Burlington	23 miles
Rail (passenger)	Everett	65 miles
Sea (freight)	Anacortes	21 miles
Sea (passenger)	Keystone	12 miles
Ground	Highway 20 connects Oak Harbor with Interstate 5 at Mt. Vernon which is 25 miles from NHOH	

c. Please provide the distance in miles that your facility is located from any military or civilian airfield that can accommodate a C-9 aircraft.

Distance (in miles): 0.3 miles

d. What is the importance of your location given your mobilization requirements?

Location of the hospital aboard the NAS ensures immediate access to an airstrip that can accommodate all types of passenger and cargo aircraft. This guarantees rapid deployment of personnel in contingency scenarios.

e. On the average, how long does it take your current clients/customers to reach your facility?

15 minutes.

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

Whidbey Island is remote, has a total population of only 52,866, and is distant from any major metropolitan area. Consequently, it does not present an ample pool of candidates for civilian hire that can satisfy most medical training prerequisites.

FEATURES AND CAPABILITIES

10. Capabilities. What would be the impact on the Navy and Marine Corps if the capabilities of your facility were to be lost? Answer this question in terms of the unique capabilities of your staff, equipment and facility.

Loss of the hospital would leave our active duty aviation personnel, our primary customers, totally without the aviation medicine and flight surgical expertise reflected in our hospital staffing. There are no counterparts to this expertise in the civilian community. The nearest military medical facility would be BRMEDCLINIC Everett, an ambulatory care facility 65 miles from NAS Whidbey Island. The nearest inpatient military medical facility would be NAVHOSP Bremerton, which is 65 miles plus a 30-minute ferry ride from NAS Whidbey Island. Non-active duty beneficiaries would also be left largely in the lurch, since the available civilian medical facilities on Whidbey and Fidalgo Islands could only absorb a limited portion of their medical care requirements.

10a. If your facility were to close without any change in beneficiary population would the remaining local health care infrastructure be able to absorb the additional workload? Please provide supporting information to your answer.

No. Local facilities could probably accommodate no more than 50% of our inpatient workload. On the outpatient side, current civilian health care infrastructure could probably absorb no more than 25% of our current workload. Note that in the first 5 months of FY94, NAVHOSP Oak Harbor has had almost as many OPVs (60,788) as the other two hospitals on Whidbey and Fidalgo Islands had in all of FY92 (69,931). Likewise, NAVHOSP Oak Harbor delivered 35% more babies in FY92 and FY93 than the two civilian hospitals combined did during the same time frame.

10b. If your facility were to close and the active duty and their families were to leave the area would the local community health care system be able to care for the residual eligible population? Please provide supporting information to your answer.

If all active duty and dependents of active duty were to leave the area, there would be about 6,028 retirees and dependents of retirees under age 65 remaining in the area. Historical direct care versus CHAMPUS workload breakdown for this group suggests that about 25% of their care is currently provided within the hospital. Were the hospital to close, the civilian health care infrastructure could probably absorb this demand for care, but not without saturating current capability.

10c. If your inpatient care capability were to close, would the local community be able to absorb your current inpatient workload? Please develop all of your conclusions with supporting data and show it in the space below:

As noted in our response to 10a, local facilities could accommodate no more than 50% of our inpatient workload.

R

11. Mobilization. What are your facility's mobilization requirements?

UNIT NAME	UNIT NUMBER	NUMBER OF STAFF ASSIGNED
U.S. NAVAL HOSPITAL OKINAWA		7
FLTHOSP #1		2
FLTHOSP #2		4
FLTHOSP #6		11
2D MARDIV		6
2D FSSG		4
2D MAW		3
1ST MEB		3
3D FSSG		7
U.S. NAVAL HOSPITAL NAPLES		1
3D MARINE DIVISION		2
3D FORCE SERVICE SUPPORT GROUP		1
1ST FORCE SERVICE SUPPORT GROUP		3
1ST MARINE DIVISION		7
U.S. NAVAL HOSPITAL GUAM		5
NAVMEDCLINIC PEARL HARBOR		5
U.S. NAVAL HOSPITAL YOKOSUKA		13
1ST MAW		2
NEPMU-6, PEARL HARBOR, HI		1
3D MAW, CAMP PENDLETON		4
USNS MERCY (T-AH 19)		18
3D MARINE AIR WING		4

b. What additional workload could you perform if you did not have this requirement and its associated training?

This requirement has minimal effect on day-to-day operations. Only upon deployment, augmentation, or contingency operations will the hospital's workload be affected.

c. Number of "stubbed" expanded beds: 31 R 29 SEPT 94

11. Mobilization. What are your facility's mobilization requirements?

UNIT NAME	UNIT NUMBER	NUMBER OF STAFF ASSIGNED
U.S. NAVAL HOSPITAL OKINAWA		7
FLTHOSP #1		2
FLTHOSP #2		4
FLTHOSP #6		11
2D MARDIV		6
2D FSSG		4
2D MAW		3
1ST MEB		3
3D FSSG		7
U.S. NAVAL HOSPITAL NAPLES		1
3D MARINE DIVISION		2
3D FORCE SERVICE SUPPORT GROUP		1
1ST FORCE SERVICE SUPPORT GROUP		3
1ST MARINE DIVISION		7
U.S. NAVAL HOSPITAL GUAM		5
NAVMEDCLINIC PEARL HARBOR		5
U.S. NAVAL HOSPITAL YOKOSUKA		13
1ST MAW		2
NEPMU-6, PEARL HARBOR, HI		1
3D MAW, CAMP PENDLETON		4
USNS MERCY (T-AH 19)		18
3D MARINE AIR WING		4

b. What additional workload could you perform if you did not have this requirement and its associated training?

This requirement has minimal effect on day-to-day operations. Only upon deployment, augmentation, or contingency operations will the hospital's workload be affected.

c. Number of "stubbed" expanded beds: 31

12. Non-availability Statements. Please complete the following table for Non-availability statements (NAS):

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	520	538	219
OUTPATIENT	348	370	173

* FY 1994 numbers reflect April YTD data.

13. Supplemental Care. Please complete the following table for supplemental care:

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD	not avai	leble	→			
AD FAMILY		↓				
OTHER						
TOTAL	808	$393K	517	$341K	309	$161K

[1] The total number of consults, procedures and admissions covered with supplemental care dollars.

[2] The total cost in thousands of dollars.

BUMED-822, MSL
1 Jun 94

* Supplemental care is neither reported to higher authority nor broken down locally in the patient categories noted in this table. Figures for FY94 represent YTD as of 12 May 1994.

14. Costs. Complete the following table regarding your outpatient costs. Use the same definitions and assumptions that you use for reporting to Medical Expense and Performance Reporting System (MEPRS).

CATEGORY	FY 1992	FY 1993	FY 1994
TOTAL COSTS	11,700,966	13,940,168	15,318,450
TOTAL OUTPATIENT VISITS	140,570	146,277	153,085
AVERAGE COST PER VISIT	83.24	95.30	100.07

Changes/Additions
BUMED-822, mnsl
1 Jun 94

14a. Costs. Complete the following tables regarding your inpatients costs. Use the same definitions and assumptions that you use for reporting Medical Expense and Performance Reporting System (MEPRS). Tables A, B, C, and D are used to arrive at a cost per Relative Weighted Product (RWP). Table E develops costs for inflation and add-ons to produce the final FY 1994 cost per RWP. FY 1994 should be completed through the First Quarter FY 1994. Costs should be total costs for the category unless otherwise indicated.

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)	4,565,797	5,882,332	1,330,450

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	0	0	0
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	138,758	190,475	68,415
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	138,758	190,475	68,415
E. TOTAL E EXPENSES (ALL ACCOUNTS)	4,607,047	6,473,279	1,418,259
F. % SUPPORTED E EXPENSES (D÷E)[1]	.030119	.029425	.048239

[1] Record as a decimal to 6 digits.

Changes / Additions
BUMED-822, MRS
1 Jun 94

Table C:

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	~~1,281,489~~ 626,427	~~1,735,737~~ 911,494	363,311
H. E EXPENSES TO REMOVE FROM MEPRS A (FxG)	~~38,597~~ 18,867.13	~~51,074~~ 26,820.54	17,526
I. AREA REFERENCE LABORATORIES (FAA)	0	0	0
J. CLINICAL INVESTIGATION PROGRAM (FAH)	0	0	0
K. TOTAL SELECTED F (I+J)	0	0	0
L. CONTINUING HEALTH EDUCATION (FAL)	331,316	396,865	120,222
M. DECEDENT AFFAIRS (FDD)	0	0	0
N. INITIAL OUTFITTING (FDE)	0	0	0
O. URGENT MINOR CONSTRUCTION (FDF)	0	0	0
P. TOTAL (L+M+N+O)	331,316	396,865	120,220
Q. E EXPENSES INCLUDED IN ROW P	29,726	48,941	12,518
R. E EXPENSES TO REMOVE FROM ROW P (FxQ)	~~895~~ 895.3068	~~1,440~~ 1440.08	604
S. OTHER F'S LESS E (P-R)	330,420.70 ~~330,421~~	395,424.90 ~~395,425~~	119,616

Changes / Additions
BUMED-822, mss
1 Jun 94

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	~~1601~~ 1600.77	~~1401~~ 1400.92	350
U. TOTAL WORK UNITS (MWU)[2]	~~5570~~ 5520.77	~~5277~~ 5423.58	1349
V. PERCENT INPATIENT (IWU÷MWU)	~~28.7433%~~ .289954	~~26.5492%~~ .258302	25.9451%
W. FINAL OTHER F EXPENSES (S×V)	~~94,974~~ 95,806.84	~~104,982~~ 102,138.90	31,034
X. FINAL F EXPENSES (K+W)	~~94,974~~ 95,806.84	~~104,982~~ 102,138.90	31,034
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	4,642,737	5,957,650	not available
Z. NUMBER OF BIOMETRICS DISPOSITIONS	2356	2197	
AA. TOTAL MEPRS DISPOSITIONS	2349	~~2199~~ 2206	514
BB. ADJUSTED DISPOSITIONS (Z÷AA)	1.00298	.99592	not available
CC. ADJUSTED MEPRS EXPENSES (Y×BB)	4,656,572	5,933,344	
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)	1223.245	1171.771	
EE. COST PER RWP (CC÷DD)	3806.737	5063.57	
FF. TOTAL CATEGORY II RWPs[3]	262.4743	222.7792	
GG. TOTAL CATEGORY II COST (EE×FF)	999170.6	1128058	

Changes/Additions
BUMED-822, MMS
1 Jun 94

HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)	3657401	4805286	not available
II. TOTAL CATEGORY III RWPs (DD-FF)	960.7707	948.9918	↓
JJ. COST PER CATEGORY III RWP (HH÷II)	3806.737	5063.57	↓

2 Total work units (MWU) is the total of Inpatient Work Units plus Ambulatory Work Units (IWU+AWU).

3 Category II RWP's are RWP's due to Diagnoses Not Normally Hospitalized (DXNNH), Potential Ambulatory Surgery (PAS), and Active Duty Excessive Length of Stay (ADELS).

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

CATEGORY	FY 1992	FY 1993	FY 1994
KK. TOTAL OBDs (OCCUPIED BED DAYS)	~~5129~~ 4025	4616	977
LL. CATEGORY II (AS DEFINED IN FF) OBDs	665		
MM. CATEGORY III OBDs (KK-LL)	3360		
NN. AVERAGE DAYS/RWP (MM÷II)	3.497192		
OO. ADD ON PER RWP (NN×77)	269.2838		
PP. TOTAL COST PER RWP (JJ+OO)	4076.021		
QQ. CIVILIAN PAY COST (PP×.15)	611.4031		
RR. MILITARY PAY COST (PP×.56)	2282.572		
SS. OTHER COSTS (PP×.29)	1182.046		

Changes / Additions
BuMED-822, MA
1 Jun 94

TT. CIVILIAN PAY RAISES (QQ×1.037×1.0297)	652.8556	[redacted]
UU. MILITARY PAY RAISES (RR×1.037×1.0165)	2.406.083	[redacted]
VV. UNFUNDED CIVILIAN RETIREMENT (TT×1.147)	959.6977	[redacted]
WW. CIVILIAN ASSET USE CHARGE (VV×1.04)	998.0856	[redacted]
XX. MILITARY ASSET USE CHARGE (UU×1.04)	2502.326	[redacted]
YY. OTHER ASSET USE CHARGES (SS×1.04)	1229.328	[redacted]
ZZ. OTHER COSTS DEFLATOR FACTOR (YY×1.083)	1331.362	[redacted]
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)	4831.774	[redacted]

15. Quality of Life.

This portion of the data call will be submitted to by our host activity, NAS Whidbey Island, UIC #00620, on BSAT Data Call #16.

15. Quality of Life

o. Provide data on the Hospital's BOQs and BEQs. Provide this information on all BEQs and BOQs that your personnel use that are located on the base you are located. This information should be provided even if you do not control or manage these facilities. The desired unit of measure for this capacity is people housed. Use CCN to differentiate between pay grades, i.e., E1-E4, E5-E6, E7-E9, CWO-O2, O3 and above.

Facility Type, Bldg. #, & CCN	Total No. of Beds	Total No. of Rooms/ Squadbays	Adequate		Substandard		Inadequate	
			Beds	Sq Ft	Beds	Sq Ft	Beds	Sq Ft
R 380/72111	558	179	558	83,619				
R 973/72412	10	10	10	6,878				
R 973/72411	130	130	130	55,999				

b. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

(1) FACILITY TYPE/CODE:
(2) WHAT MAKES IT INADEQUATE?
(3) WHAT USE IS BEING MADE OF THE FACILITY?
(4) WHAT IS THE COST TO UPGRADE THE FACILITY TO SUBSTANDARD?
(5) WHAT OTHER USE COULD BE MADE OF THE FACILITY AND AT WHAT COST?
(6) CURRENT IMPROVEMENT PLANS AND PROGRAMMED FUNDING:
(7) HAS THIS FACILITY CONDITION RESULTED IN C3 OR C4 DESIGNATION ON YOUR BASEREP?

BRAC-95 CERTIFICATION
BRAC 95 DATA CALL 27 AMENDMENT 2

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

HERBERT A. SPEIR, CAPT MSC USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

9/12/94
Date

NAVHOSP Oak Harbor, WA
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

HAROLD M. KOENIG, RADM, MC, USN
NAME (Please type or print)

Signature

ACTING CHIEF BUMED
Title

9-14-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER
NAME (Please type or print)

Signature

Title

9/21/94
Date

DATA CALL NUMBER TWENTY-SEVEN
MILITARY VALUE ANALYSIS

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

HERBERT A. SPEIR, CAPT MSC USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

5-23-94
Date

NAVHOSP Oak Harbor, WA
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) _____ Signature _____

CHIEF BUMED/SURGEON GENERAL

Title _____ Date 6-2-94

BUREAU OF MEDICINE & SURGERY

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J.B. GREENE JR.

NAME (Please type or print) _____ Signature _____

ACTING

Title _____ Date 6/9/94

DATA CALL NUMBER TWENTY-SEVEN
MILITARY VALUE ANALYSIS
REVISION #1, PAGE #5, QUESTION #3, FY94 WORKLOAD

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

HERBERT A. SPEIR, CAPT MSC USN
NAME (Please type or print)

Herbert A. Speir
Signature

COMMANDING OFFICER
Title

09-09-94
Date

NAVHOSP Oak Harbor, WA
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

HAROLD M. KOENIG, RADM, MC, USN
NAME (Please type or print)

Signature

ACTING CHIEF BUMED
Title

9-14-94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER
NAME (Please type or print)

Signature

Title

9/21/94
Date

BRAC-95 CERTIFICATION
BRAC 95 DATA CALL #26, QUESTION 2 REVISION
BRAC 95 DATA CALL #27, QUESTION 11C REVISION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

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I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

HERBERT A. SPEIR, CAPT MSC USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

9-29-94
Date

NAVHOSP Oak Harbor, WA
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X 10/3/94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) J B Greene Signature

ACTING

Title 11 OCT 1994 Date

Document Separator

270

CAPACITY ANALYSIS:
DATA CALL WORK SHEET FOR
MEDICAL FACILITY: Patuxent River

Complete Revision

Category.....Personnel Support
Sub-category....Medical
Types.....Clinics, Hospitals, and Medical Centers

*********If any responses are classified, attach separate classified annex*********

Enclosure (2)

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MISSION REQUIREMENTS

1. Population. Please identify your beneficiary population using the same definitions as used by RAPS. Use the following table to record your results.

TYPE	ACTUAL FY 1993			PROJECTED FY 2001		
	CATCHMENT[1]	ASSIGNED[2]	REGION[3]	CATCHMENT[1]	ASSIGNED[2]	REGION[3]
AD	3,796	3,366		3,300	3,565	
FAMILY OF AD	9,234	5,280		7,900	5,420	
SUBTOTAL	13,030	8,646		11,200	8,985	
RETIRED AND FAMILY MEMBERS UNDER 65	8,796	5,023		8,367	4,687	
RETIRED AND FAMILY MEMBERS OVER 65	1,434	972		1,954	1,226	6106
OTHER	1,154	198		1,093	193	
TOTAL	24,414	14,839		22,614	15,091	

[4] **THIS SECTION MUST BE COMPLETED.**

1 Utilized RAPS data FY 92 baseline version 5.12. RAPS only projects out to 1990. FY 2001 is the projection for 1999. RAPS data for 40 mile radius, FY 93 baseline with BRAC does not exist at this time. Therefore, the data that was utilized is the 40 mile radius FY 92 baseline without BRAC.

2 Utilized RAPS data FY93 baseline version 6.01. RAPS only projects out to 1999. FY 2001 is Projection for FY 1999.

R

2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds[1]:	20
Set Up Beds[1]:	0
Expanded Bed Capacity[2]:	32 * R

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.
[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

*, if "Y" connectors are used will be 20 beds if "Y" connectors are not used.

GCW BUMED-823
9/30/94

5
~~4~~R (~~1~~305e/~~4~~1094)
GCW BUMED-823

2. Bed Capacity. Please complete the following table related to your inpatient beds. If you have no inpatient beds please so indicate.

Operating Beds[1]:	20
Set Up Beds[1]:	0
Expanded Bed Capacity[2]:	32

[1] Use the definitions in BUMEDINST 6320.69 and 6321.3.

[2] The number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours. Use of portable gas or electrical utilities is not considered in this definition.

The following questions are designed to determine the level of services provided at your facility during FY 1993, your current maximum capability (i.e. your maximum capacity given the same set of parameters that you are currently functioning within), and the requirements of the community you support.

3. Workload. Complete the following table for FY 1993:

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	34,330	33,415	21,708	89,453
ADMISSIONS	204	750	163	1,117
LABORATORY TESTS (WEIGHTED)[1]	294,442	286,540	186,193	767,175
RADIOLOGY PROCEDURES (WEIGHTED)[1]	16,532	16,088	10,454	43,074
PHARMACY UNITS (WEIGHTED)[1]	66,776	64,984	42,227	173,987
OTHER (SPECIFY) OCC HEALTH				3,629

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.

Active duty equals 38.38 percent of outpatient visits, dependants of active duty equals 37.35 percent of outpatient visits and retired and retired dependants equal 24.27 percent of outpatient visits. These percentages were used to distribute Lab, Radiology and

Pharmacy Weighted Units.

3a. Workload. Complete the following table for your maximum capacity. Assume the same facility, staff, equipment, and supplies you currently have. Do not change your scope of practice. **Show all calculations and assumptions in the space below.**

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	34,330	33,415	21,708	89,453
ADMISSIONS	204	750	163	1,117
LABORATORY TESTS (WEIGHTED)[1]	294,442	286,540	186,193	767,175
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OTHER (SPECIFY) OCC HEALTH				3,629

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested.
If resources remain the same, no increase in workload can be projected.

3b. Workload. Complete the following table for the current workload demand of your supported population. Assume you are to provide all the care in your facility for your catchment area. **Show all calculations and assumptions in the space below.**

	ACTIVE DUTY	FAMILY OF ACTIVE DUTY	RETIRED AND FAMILY	TOTAL OF EACH ROW
OUTPATIENT VISITS	35,269	40,430	30,400	106,099
ADMISSIONS	813	808	525	2,164
LABORATORY TESTS (WEIGHTED)[1]	295,721	339,150	255,052	889,923
RADIOLOGY PROCEDURES (WEIGHTED)[1]	16,604	19,042	14,320	49,966
PHARMACY UNITS (WEIGHTED)[1]	67,067	76,915	57,843	201,825
OTHER (SPECIFY) OCC HEALTH				3,629

[1] If unable to provide the level of detail requested, provide the level of detail you are able, and indicate why you are unable to provide the information requested. Calculations based on assigned catchment area.

FY93 Direct and CHAMPUS Workload
Ancillary Services are FY93 Direct plus FY93 Direct x % of other visits.
Outpatient was obtained by Direct + CHAMPUS + estimated (2400 visits at other MTF's).
Admission was obtained by Direct + Non-avail statements + Admission at other MTF's

4. Staffing. Please complete the following table related to your provider staffing (only include those providers whose primary responsibility is patient care). Please include military, civilian, and contract providers. Do not include partnerships.

PROVIDER TYPE	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
PRIMARY CARE[1]	15	15	12	12	~~12~~ 8	~~12~~ 8	~~12~~ 8	~~12~~ 8
SPECIALTY CARE[2] *	14	14	14	14	~~14~~ Ø	~~14~~ Ø	~~14~~ Ø	~~14~~ Ø
PHYSICIAN EXTENDERS[3]	3	3	3	3	3	3	3	3
INDEPENDENT DUTY CORPSMEN	1	1	1	1	1	1	1	1
TOTAL	33	33	30	30	~~30~~ 12	~~30~~ 12	~~30~~ 12	~~30~~ 12

BUMED 825 GSA 8/30/94

[1] This includes General Medical Officers, Flight Surgeons, Diving Medical Officers, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.
[2] This is all other physician providers not included in the primary care category.
[3] This includes Physician Assistants and Nurse Practitioners.

* Number includes 2 Optometrists + 2 Psychologists.

Based on commands official Efficiency Review dated 15 June 1993.

LOCATION

5. Community Providers. Complete the following table for the civilian providers within your 40 mile catchment area. The catchment area is defined as sets of zip codes emanating from the center of the ZIP code in which the MTF is located with a radius of 40 miles. If you are required to use another boundary please define the geographical region and the reason for its use.

PROVIDER TYPE	CURRENT
PRIMARY CARE[1]	54
SPECIALTY CARE[2]	104
PHYSICIAN EXTENDER[3]	2
TOTAL	160

[1] This includes General Practioners, Family Practice, Internal Medicine, General Pediatrics, Pediatric Subspecialties, and Obstetrics and Gynecology.

[2] This is all other physician providers not included in the primary care category.

[3] This includes Physician Assistants and Nurse Practitioners.

Information provided received from ST. Mary's County Medical Directory, 1994 edition, and Calvert Memorial Physicians Roster dated July 1994.

It should be noted that within the 40 mile catchment area some providers only practice part-time (1 to 3 days a week). This is based on expert knowledge and the January 1994 LaPlata-Lenoardtown C & P Telephone Directory and January 1994 Annapolis - Prince Frederick C & P Telephone Directory.

6. Regional Population. Please provide the U. S. Census population for your 40 mile catchment area. If you are required to use another boundary please define the geographical region and the reason for its use. Also list the source of this information. This value should include your beneficiary population.

Region Population: 228,500

Geographical Barriers, as defined by CHAMPUS, are the Potomac River - Virginia and Chesapeake Bay - Eastern Shore Maryland

Information provided by Mr. Alex Rocca, Tri-County Economic Group.

7. Regional Community Hospitals. Please list in the table below all the community hospitals (as defined in the American Hospital Association publication Hospital Statistics) in your region (include military, civilian, and any federal facilities including Veterans Affairs):

FACILITY NAME	OWNER	DISTANCE	DRIVING TIME	RELATIONSHIP[2]
St. Mary's Hospital	Private	15	25	None
Calvert Memorial Hospital	Private	28	40	None
Physicians Hospital	Private	45	60	None

[1] Distance in driving miles from your facility
[2] List any partnerships, MOUs, contracts, etc with this facility

Data Received from:

St. Mary's Hospital
Ms. Winnie Capor
(301) 475-8981

Calvert Memorial
Ms. Ginny Bumgarner
(410) 535-4000

Physicians Memorial
Ms. Jan Black
(301) 609-4000

7a. Regional Community Hospitals. For each facility listed in the preceding table complete the following table:

FACILITY	BEDS[1]	JCAHO APPROVED	OCCUPANCY[1]	UNIQUE FEATURES[2]
St. Mary's Hospital	107	Yes	66% 36	NONE
Calvert Memorial Hospital	120	Yes	70% 34	NONE
Physicians Memorial Hospital	131	Yes	71% 42	NONE

[1] Use definitions as noted in the American Hospital Association publication Hospital Statistics.

[2] Such as regional trauma center, burn center, Graduate Medical Education Center, etc.

Data Received from:

St. Mary's Hospital
Ms. Winnie Capor
(301) 475-8981

Calvert Memorial
Ms. Ginny Bumbgarner
(410) 535-4000

Physicians Memorial
Ms. Jan Black
(301) 609-4000

BRAC-95 CERTIFICATION

Reference: SECNAVNOTE 11000 of 08 December 1993

In accordance with policy set forth by the Secretary of the Navy, personnel of the Department of the Navy, uniformed and civilian, who provide information for use in the BRAC-95 process are required to provide a signed certification that states "I certify that the information contained herein is accurate and complete to the best of my knowledge and belief."

The signing of this certification constitutes a representation that the certifying official has reviewed the information and either (1) personally vouches for its accuracy and completeness or (2) has possession of, and is relying upon, a certification executed by a competent subordinate.

Each individual in your activity generating information for the BRAC-95 process must certify that information. Enclosure (1) is provided for individual certifications and may be duplicated as necessary. You are directed to maintain those certifications at your activity for audit purposes. For purposes of this certification sheet, the commander of the activity will begin the certification process and each reporting senior in the Chain of Command reviewing the information will also sign this certification sheet. This sheet must remain attached to this package and be forwarded up the Chain of Command. Copies must be retained by each level in the Chain of Command for audit purposes.

CAPACITY IS DC 26 BUMED MED 82S GSA 8/20/94

BRAC 95 DATA CALL ~~#27~~

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

CHARLES HENDERSON, III

NAME (Please type or print)

Signature

COMMANDING OFFICER

Title

22 JULY 1994

Date

NAVAL HOSPITAL, PATUXENT RIVER

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X 9-6-94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print) W A Earner Signature

Title 9/12/94 Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

J. S. TIDBALL, CAPT, MC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER, ACTING
Title

30 SEP 94
Date

NAVAL HOSPITAL, PATUXENT RIVER, MD 20670
Activity

CERTIFICATION FOR DATA CALL 26 QUESTION 2

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X 10/4/94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

J. B. GREENE, JR.

NAME (Please type or print) J B Greene Jr Signature

ACTING

Title 10 OCT 1994 Date

Document Separator

PC#27 Resubmit 11/1/94

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL
FACILITY: NH Pax River
ACTIVITY UIC: 66098

386

Category.....Personnel Support
Sub-category.....Medical
Types.....Clinics, Hospitals, Medical Centers

April 4, 1994

**********If any responses are classified, attach separate classified annex**********

WC

DEPARTMENT OF THE NAVY
NAVAL HOSPITAL
PATUXENT RIVER, MARYLAND, 20670-5370

5000
Ser 0010/ 01039
01 NOV 1994

From: Commanding Officer, Naval Hospital, Patuxent River, MD
To: Chief, Bureau of Medicine and Surgery, Attn: LCDR Witte
2300 E Street, NW, Washington, DC 20372-5300

Subj: REVISED DATACALL 27, MILITARY VALUE ANALYSIS

Ref: (a) Telecon btn Ms. Sheehy, NAS and LT Riley, NAVHOSP, PAX on 27 Oct 94
(b) Telecon btn LCDR Witte, BUMED and LT Riley, NAVHOSP, PAX on 28 Oct 94

Encl: (1) Revised Datacall 27 with certification and supporting documentation

1. Reference (a) informed my command that Datacall 27 needed to be re-worked with supporting documentation. Ms. Sheehy also informed us not to change items that were certified by BUMED. Reference (b) provided guidance on re-submitting the package. Per references (a) and (b) enclosure (1) is forwarded for appropriate action.

2. My point of contact is LT Riley at DSN 326-1481, commercial (301) 826-1481, or by fax (301) 826-7550.

CHARLES HENDERSON, III

MILITARY VALUE ANALYSIS:
DATA CALL WORKSHEET FOR:
MEDICAL FACILITY: Naval Hospital Patuxent River
ACTIVITY UIC: 66098

Category.....Personnel Support
Sub-category.....Medical
Types.....Clinics, Hospitals, Medical Centers

31 October 1994

**********If any responses are classified, attach separate classified annex**********

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MISSION REQUIREMENTS

1. Mission Statement. State the mission of your medical facility in sufficient detail so that it can be distinguished from other medical facilities.
Our mission is to ensure the wellness of our beneficiaries by providing availability to wide range of high quality health care services, while supporting National Defense by maintaining a ready force able to respond to contingencies.

Vision
Quality service through teamwork.

We serve a catchemnt area of approximately 40 miles. The non-overlapping catchment area contains approximately 14,700 beneficiaries. We provide health services to approx. 12,000 military and civilian employees on station, as well as emergency services to contract employees from 52 tenant commands.

Through our ASTC unit we provide aviation flight safety training, we provide flight medicine services to the Air Station. This base is a modified industrial facility with an increasing need for Occupational Health and Industrial Hygiene services due to previous BRAC.

2. Customer Base. In the table below, identify your active duty customers. Include both Naval and non-Naval active duty components. Begin with the largest activity and work down to the smallest. Include the customer Unit Identification Code (UIC).

UNIT NAME	UIC	UNIT LOCATION	UNIT SIZE (NUMBER OF PERSONNEL)
FTEG	00421 49860 42846 44689	Pax Pax Pax Pax	961 29 30 36
N A S	00421 47608 48711 67283 68122	Pax Pax Pax Pax Pax	306 63 2 72 5
AIRTEVRON-1	48101 52819 55600	Pax Pax Pax	15 8 444
Naval Hospital	66098 47136	Pax Pax	168 30
Marine Aviation Detachment	67356	Pax	113
Fleet Composite Squadron 6	46550 55243	Pax Pax	1 66
Naval Air Maint. Office (NAMO)	45663 68626 68757	Pax Pax Pax	33 60 8
Nvl Reserch Lab Flt Supp	31686 48498	Pax Pax	48 51
Fleet Air Recon sq 4	49403 49659	Pax Pax	36 20
P S D	42325	Pax	23
Special Trails Unit	45705 46007	Pax Pax	16 21

Nav Atl Meteor/Ocean	66124	Pax	15
Navy Rec Center	66843	Pax	14
NISE EAST Det	45539 47863 65980 68558	Pax Pax Pax Pax	13 1 16 7
BranchDental linic	35751	Pax	10
Enlisted Education	44880 49047	Pax Pax	9 1
ROIC	44198	Pax	6
INSURV	30904 49047	Pax Pax	5 1
NATC PMA	48301	Pax	4
DECA	49180	Pax	4
Nav Telcom	48906	Pax	3
NAWCAD	00421	Pax	2
OCEANDEVRON8	09004	Pax	2
Navy Exchange	39229	Pax	1
STU CDP	41334	Pax	1
Naval Res Ctr	47767	Pax	1
Swiss Air Force	42846	Pax	1
Royal Navy	44689	Pax	1
Royal Air Force	42846	Pax	1
Italian Air Force	42846	Pax	2
Canadian Forces	42846	Pax	2

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS SUPPORTED. ONLY USE THIS FORMAT.

P5AR

R

3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	224	31448	2	1.01
ACTIVE DUTY NON N/MC	14	440	2.	.01
TOTAL ACTIVE DUTY	238	31888		1.02
FAMILY OF AD	424	30728	2	1.95
RETIRED AND FAMILY MEMBERS UNDER 65	128	12740	2	.45
RETIRED AND FAMILY MEMBERS OVER 65	40	6460	2	.15
OTHER OCC HEALTH		4480	2	1.16
TOTAL	830	86296		4.73

R

What is your occupancy rate for FY 1994 to date? 25%

7R STW PUMCD-823
7 Nov 94

3. Workload. Identify your FY 1994 workload (this should include both completed and projected workload through the end of the Fiscal Year) as indicated in the table below by beneficiary type. Use the same categorization and definitions as that used in the MEPRS Manual (DoD 6010.13-M).

BENEFICIARY TYPE	ADMISSIONS	OUTPATIENT VISITS	AVERAGE LENGTH OF STAY	AVERAGE DAILY PATIENT LOAD
ACTIVE DUTY N/MC	224	31448	2	N/A
ACTIVE DUTY NON N/MC	14	440	2	
TOTAL ACTIVE DUTY	238	31888		
FAMILY OF AD	424	30728	2	
RETIRED AND FAMILY MEMBERS UNDER 65	128	12740	2	
RETIRED AND FAMILY MEMBERS OVER 65	40	6460	2	
OTHER OCC HEALTH		4480	2	
TOTAL	830	86296		5

What is your occupancy rate for FY 1994 to date? 25%

BUMED-822, mtl
1 Jun 94

4. Projected Workload. Complete the following tables for your projected workload. Please show and develop any assumptions and calculations used to complete the table. Be sure to note any impact prior closure and realignment decisions have had on your facility. Please be sure to include any impact your participation in the managed care initiative (TRICARE), previous BRAC actions, and force structure reductions will have on your workload.

	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
OUTPAT. VISITS		+1220	+3620	+3620	+3620	+3620	+3620 *
ADMISS.	890	890	890	890	890	890	890

Please show all assumptions and calculations in the space below:
Base on current FY 94 % of reductions in Admissions
FY 96 Occ Health visits estimated increase 1220 OPVs
FY 97 Managed Care Impact - As a Primary Care Manager (PCM), the estimated 2400 OPV's to other MTF's for Specialty Care will drive an additional 2400 f/u visits to the PCM.

* Baseline = 93,490 "FY93 visits

BUMED-822, mtl
1 Jun 94

5. Medical Support. Indicate in the table below all the medical support you provide that is not direct patient care, and identify the time spent providing such support (i.e. food service inspections, medical standby for physical fitness tests, flight operations, field training,rifle range, MWR support for sporting events, etc.).

NON-PATIENT CARE SUPPORT	TIME SPENT/ QTR	STAFF NEEDED/ EVENT
Food Service Inspections/Training	60%	4
Marine Support	10%	6
Industrial Hygiene	100%	5
ASTC	100%	9

6. Graduate Medical Education. In the table provided, identify all the training programs (to include transitional internships and fellowships) at your facility and the numbers graduated per year. Also identify major non-physician training programs (such as OR nurse, nurse anesthetist, etc.). Be sure to take into account any planned program changes, and prior base closure and realignment decisions.

PROGRAM	NUMBER TRAINED BY FISCAL YEAR							
	FY 1994	FY 1995	FY 1996	FY 1997	FY 1998	FY 1999	FY 2000	FY 2001
Not Applicable								

6a. Graduate Medical Education. Complete the following table for each Graduate Medical Education program that requires accreditation by the Accreditation Council for Graduate Medical Education (ACGME): Not Applicable

PROGRAM	STATUS[1]	CERT.[2]	COMMENTS[3]

[1] Use F for fully accredited, P for probation, and N for not accredited.
[2] List the percentage of program graduates that achieve board certification.
[3] Complete this section for all programs that you entered a P or N in the Status column. Indicate why the program is not fully accredited and when it is likely to become fully accredited.

FACILITIES

7. Facilities Description. Complete the following table for all buildings for which you maintain an inventory record. Use only one row for each building. Provide the 5 digit category code number (CCN) where possible. Do not include any buildings that would receive their own data calls (such as a Branch Medical Clinic):

FACILITY TYPE (CCN)	BUILDING NAME/USE[1]	SQUARE FEET	AGE (IN YEARS)	CONDITION CODE[2]
510-10 *	3170 Clinics	5248	3	A
171-20	2165 Appl Inst Bldg	13760	2	A
143-10	1680 Emerg Veh Gar	1300	13	A
510-10	1370 Hospital	42938	25	A
510-77	458 Misc Med Storage	312	49	S
510-10	437 Clinic	594	51	S
510-10	736 Clinic	7472	51	S
510-77	408 Misc Med Storage	8849	51	S
510-10	404 Administration	3538	52	S
510-10	401 Clinic	1579	51	S

[1] Use refers to patient care, administration, laboratory, warehouse, power plant, etc.

[2] This should be based on NAVFACINST 11011.44E Shore Facilities Planning Manual and the condition recorded should be recorded as Adequate, Substandard, or Inadequate. Chapter 5 of NAVFACINST 11011.44E provides guidance on this scoring system.

7a. In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

1. Facility Type/Code:
2. What makes it inadequate?
3. What use is being made of the facility?

4. What is the cost to upgrade the facility to substandard?
5. What other use could be made of the facility and at what cost?
6. Current improvement plans and programmed funding:
7. Has this facility condition resulted in "C3" or "C4" designation on your BASEREP?

* Relocatable authorized to FY 96.

7b. Capital Improvement Expenditures. List the project number, description, funding year, and value of the **capital improvements at your facility completed (beneficial occupancy) during 1988 to 1994.** Indicate if the capital improvement is a result fo BRAC realignments or closures.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	None		

7c. Planned Capital Improvements. List the project number, funding year, and value of the **non-BRAC related capital improvements planned** for years 1995 through 1997.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	None- BUMED-822		
	mtl, 1 Jun	94	

7d. Planned Capital Improvements. List the project number, description, funding year, and value of the **BRAC related capital improvements planned** for 1995 through 1999.

PROJECT	DESCRIPTION	FUND YEAR	VALUE
	None- BUMED-822		
	mtl, 1 Jun	94	

7e. Please complete the following Facility Condition Assessment Document (FCAD) DD Form 2407: Instructions follow the form.

DOD MEDICAL/DENTAL FACILITIES CONDITION ASSESSMENT DOCUMENT (FCAD)			DD-H(A)1707	DMIS ID NO
1. FACILITY NAME Naval Hospital				
2. UIC 66098	3. CATEGORY CODE 510-10	4. NO. OF BUILDINGS 10		
5. SIZE	A. GSF 85,590	B. NORMAL BEDS 20		C.DTRS
6. LOCATION	A. CITY Patuxent River		B.STATE Maryland	

7. FACILITY ASSESSMENT

FUNCTION/SYSTEM	% ADEQUATE	% SUBSTANDARD	% INADEQUATE	DEFICIENCY CODES	WEIGHT FACTOR
(1) ACCESS & PARKING	100			D18, C17	
(2) ADMINISTRATION	16	84		D17, C15,B12	
(3)CENTRAL STERILE SVCS.		100		C15	
(4)DENTAL		100		C15, C04	
(5) EMERGENCY SVCS.	40	60		C15,C12,C04, B12	
(6) FOOD SERVICES		100		C15, C12, A17	
(7)LABORATORIES		100		C15, B12	
(8) LOGISTICS		100		D18, A09	
(9) INPATIENT NURSING UNITS		100		C15,C04,B12	
(10) LABOR-DEL-NURSERY		100		C15,C04	
(11) OUTPATIENT CLINICS	7	93		B12,D18,C15, A09	
(12) PHARMACY		100		C15,A01,B12	
(13) RADIOLOGY		100		C15,A01,C12, B12	
(14) SURGICAL SUITE		100		C15,C04	
(15) BUILDING					
(A) STRUCTURAL/SEISMIC	24	76		D17,A03,B12, C15	

(B) HVAC	24	76		A01,F01.B01	
(C) PLUMBING	24	76		A02,F02	
(D) ELECTRICAL SVCS.	24	76		F06,B06	
(E) ELECTRICAL DISTRIBUTION	24	76		F05,F06,C05, C06	
(F) EMERGENCY POWER		100		E07	

FORM INSTRUCTIONS

1. This form is not intended to be used as detailed engineering evaluation of the condition of the facilities. It is primarily designed to assist in assessing the adequacy and condition of Medical/Dental Facilities. Complete only one form for all of your facilities.

2. The Functions/Systems should be evaluated on a consolidated basis for the entire facility.

3. Not more than 4 deficiencies should be identified in the Deficiency Codes column for each item listed under the Function/System column.

4. Fill in N/A (not applicable) where certain Function/System is not present in the facility. For example, Inpatient Nursing Units and Labor-Delivery-Nursery are not applicable to Clinics.

5. Numbers under % Adequate, % Substandard, % Inadequate must total 100 for each function/System.

6. After completion, the form must be signed by the Commander/Commanding Officer/Officer-in-Charge of the facility.

7. Use DoD Standard Data Element Codes for State when entering codes in item 6.

DEFINITIONS

CATEGORY CODE - Facility Category Code is a numeric code used to identify a particular use of Military Department's real property for Hospital and other Medical Facilities usage (i.e., building, structure or utility). The first three digits of the code are a DoD standard (DoDI 4165.3); the fourth, fifth and sixth (if applicable) digits are added to provide more definitive categorization of the Military Department's facilities.

CONSTRUCTION TYPE - Type is either Permanent, Semi-permanent, or Temporary construction at the time building was built.

% ADEQUATE - Percent Adequate is the capacity of a facility or portion thereof, in percentage form, that is in adequate condition and associated with a designated function (USE). Adequate is defined as being capable of supporting the designated function without a need for capital improvements.

% SUBSTANDARD - Percent Substandard is the capacity of a facility or portion

thereof, in percentage form, that is in substandard condition and associated with a designated function (USE). Substandard is defined as having deficiencies which prohibit of severely restrict, or will prohibit or severely restrict within the next five years due to expected deterioration , the use of a facility for its designated function. Substandard is further defined as having deficiencies which can be economically corrected by capital improvements and/or repairs.

% INADEQUATE - Percent Inadequate is the capacity of a facility of portion thereof, in percentage form, that is in inadequate condition and associated with a designated function (USE). Inadequate is defined as having deficiencies due to physical deterioration, functional inadequacy or hazardous location or situation which prohibit or severely restrict, or will prohibit or severely restrict within the next five years, the use of a facility for its designated function. Inadequate is further defined as having deficiencies which cannot be economically corrected to meet the requirements of the designated function.

DEFICIENCY CODE - Code is a three character code indicating the type of deficiency existing in a facility or portion thereof that is in a substandard or inadequate condition and associated with a designated function (USE). The first character of the code indicates one of the six types of deficiencies. The next two characters specify the facility component(s) or related items which are deficient.

(1) Deficient Status of Condition Types - first character
- A - Physical Condition
- B - Functional or Space Criteria
- C - Design Criteria
- D - Location or Siting Criteria
- E - Nonexistence
- F - Total Obsolescence or Deterioration

(2) Facility Components or Related Items - last two characters
- 01 - Heating, Ventilating and Air Conditioning (HVAC)
- 02 - Plumbing Fixtures
- 03 - Fire Protection/Life Safety Code
- 04 - Medical Gases
- 05 - Lighting Fixtures
- 06 - Power Capacity
- 07 - Emergency Generators
- 08 - Communications
- 09 - Building or Structure (total)
- 10 - Seismic Design
- 11 - Roof/Ceiling
- 12 - Building Interior/Configuration
- 13 - Sound Proofing/Excessive Noise
- 14 - Compliance of Installation with Master Plan
- 15 - OSHA Deficiency
- 16 - JCAH Deficiency
- 17 - Functionality
- 18 - Site Location
- 19 - Mission of the Base
- 20 - None

7f. Please provide the date of your most recent Joint Commission on Accreditation of Healthcare Organizations (JCAHO) survey and indicate the status of your certification. Also record your Life Safety Management score from that survey.

DATE OF SURVEY: Exempt *
FULL ACCREDITATION: Yes/No
LIFE SAFETY MANAGEMENT SCORE: ____ (Record as 1,2,3,4,or 5)

* Exempt do to less than 100,000 visits and less than 25 beds.

R

LOCATION:

8. Geographic Location. How does your geographic location affect your mission? Specifically, address the following:

a. What is the importance of your location relative to the clients supported? Hospital located on station, which is in a rural community.

b. What are the nearest air, rail, sea and ground transportation nodes? Air - Washington Natinal - 65 miles
Bus - Waldorf - 40 miles
Rail- 60 miles

c. Please provide the distance in miles that your facility is located from any military or civilian airfield that can accommodate a C-9 aircraft.

Distance (in miles): ~~0~~ 1.5 mi. R

d. What is the importance of your location given your mobilization requirements? Not applicable

e. On the average, how long does it take your current clients/customers to reach your facility? 10 to 20 minutes

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

1) Rural setting with significant travel to metropolitan area.
2) Small community with Air Station as primary employer and significant number of farmers, laborers and watermen.
3) Lack of opportunity for higher education.
4) Small employment pool of medically trained individuals with competition from local civilian hospitals.

 R COPY BUMED-823
7 Nov 94

LOCATION:

8. Geographic Location. How does your geographic location affect your mission? Specifically, address the following:

a. What is the importance of your location relative to the clients supported? Hospital located on station, which is in a rural community.

b. What are the nearest air, rail, sea and ground transportation nodes? Air - Washington Natinal - 65 miles
Bus - Waldorf - 40 miles
Rail- 60 miles

c. Please provide the distance in miles that your facility is located from any military or civilian airfield that can accommodate a C-9 aircraft.

Distance (in miles): 0

d. What is the importance of your location given your mobilization requirements? Not applicable

e. On the average, how long does it take your current clients/customers to reach your facility? 10 to 20 minutes

9. Manpower and recruiting issues. Are there unique aspects of your facility's location that help or hinder in the hiring of qualified civilian personnel?

1) Rural setting with significant travel to metropolitan area.
2) Small community with Air Station as primary employer and significant number of farmers, laborers and watermen.
3) Lack of opportunity for higher education.
4) Small employment pool of medically trained individuals with competition from local civilian hospitals.

FEATURES AND CAPABILITIES

10. Capabilities. What would be the impact on the Navy and Marine Corps if the capabilities of your facility were to be lost? Answer this question in terms of the unique capabilities of your staff, equipment and facility.

Drastically reduced access to medical care that is within an acceptable driving time. Due to rural area, and limited ability of local medical infrastructure to absorb all Navy and Marine Corp beneficiaries. Emergency Medical, Occupational Health and Industrial Hygiene support for modified industrial activities and Aviation Test and Evaluation Complex.

10a. If your facility were to close without any change in beneficiary population would the remaining local health care infrastructure be able to absorb the additional workload? Please provide supporting information to your answer.

Local community unable, at this time, to absorb all additional workload. Adequate bed capacity does exist; however, there is a significant gap in medical provider coverage. Specially:

a. Only four local OB/GYN physicians who are presently working at approx. 100% capacity.

b. Limited number of Family Practice and Pediatric physicians in area.

10b. If your facility were to close and the active duty and their families were to leave the area would the local community health care system be able to care for the residual eligible population? Please provide supporting information to your answer.

The local community health care infrastructure could probably handle the retires that would remain, but it would stress the local system.

10c. If your inpatient care capability were to close, would the local community be able to absorb your current inpatient workload? Please develop all of your conclusions with supporting data and show it in the space below:

See page 20

* DATACALL 27 Q 11 R 31 OCTOBER 1994

11. Mobilization. What are your facility's mobilization requirements?

a. If any of your staff is assigned to support a Hospital Ship, Fleet Hospital, Marine Corps unit, ship, or other operational unit during mobilization complete the following table:

UNIT NAME	UNIT NUMBER (IF APPLICABLE)	NUMBER OF STAFF ASSIGNED
USS Guadalcanal	LPH-7	0 R
2D Marine Division		7
MAG-27 MCAS, JACKSONVILLE		1
MAG-31, MCAS Beaufort		1
Flthosp #15		1
USNS Comfort	(T-AH 20)	10 R
Flthosp #20		34 R
2D Marine Air Wing		2
U.S. NAVHOSP Guantanamo Bay		8
U.S. NAVHOSP Naples		17 R
HQ FMFLANT Norfolk, VA		1
2D Force Service Support Group		15
Flthosp #3		6
Flthosp #4		4 R
Flthosp #5		16
USNH Keflavik Iceland		1

2D Mar Div Adv. Element		3
2D FSSG Adv. Element		3 R
2D MAW Adv. Element		1

NOTE: DUPLICATE THIS TABLE AS NECESSARY TO RECORD ALL UNITS.

b. What additional workload could you perform if you did not have this requirement and its associated training? Please show all assumptions and calculations used in arriving at your conclusions.

c. Please provide the total number of your expanded beds[1] that are currently fully "stubbed" (i.e. the number of beds that can be used in wards or rooms designed for patient beds. Beds are spaced on 6 foot centers and include embedded electrical and gas utility support for each bed. Beds must be set up and ready within 72 hours). Use of portable gas or electrical utilities is not considered in this definition.

Number of "stubbed" expanded beds[1]: 32

[1] Use the bed definitions as they appear in BUMEDINST 6320.69 and 6321.3.

* DEPMEDS UIC 47136 #31

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DATACALL 27 Q 12 R 31 OCTOBER 1994

12. Non-availability Statements. Please complete the following table for Non-availability statements (NAS):

NAS TYPE	FISCAL YEAR		
	1992	1993	1994
INPATIENT	127	~~104~~ 98	155 R
OUTPATIENT	121	~~134~~ 123	124 R

Source: CHAMPUS Actuals

13. Supplemental Care. Please complete the following table for supplemental care:

CATEGORY OF PATIENT	SUPPLEMENTAL CARE[2]					
	FY 1992		FY 1993		FY 1994	
	NO.[1]	COST[2]	NO.	COST	NO.	COST
AD	73	8K	42	8K	*65	*41K
AD FAMILY	269	13K	292	70K	*140	*10K
OTHER	30	58K	41	8K	*24	*9K
TOTAL	372	79K	375	86k	*229	*60K

Source: Local Database

[1] The total number of consults, procedures and admissions covered with supplemental care dollars.

[2] The total cost in thousands of dollars.

* FY 94 data to 25 May 94

14. Costs. Complete the following table regarding your outpatient costs. Use the same definitions and assumptions that you use for reporting to Medical Expense and Performance Reporting System (MEPRS).

CATEGORY	FY 1992	FY 1993	FY 1994*
TOTAL COSTS	~~7,130,960~~ 12,274,348	~~7,059,869~~ 12,449,534	1,382,433
TOTAL OUTPATIENT VISITS	~~88498~~ 80,825	~~93082~~ 93,761	22214
AVERAGE COST PER VISIT	~~80.58~~ 151.86	~~75.85~~ 132.78	62.23

* 1st quarter expenses, this is not reflecting obligations made (but not expensed) in 1st quarter. FY 92 and 93 are finals.

BUMED ~~522~~, M21
1 Jun 94

Changes/Additions
BUMED-522, MMJ
1 Jun 94

14a. Costs. Complete the following tables regarding your inpatients costs. Use the same definitions and assumptions that you use for reporting Medical Expense and Performance Reporting System (MEPRS). Table A, B, C, and D are used to arrive at a cost per Relative Weighted Product (RWP). Table E develops costs for inflation and add-ons to produce the final FY 1994 cost per RWP. FY 1994 should be completed through the First Quarter FY 1994. Costs should be total costs for the category unless otherwise indicated.

FISCAL YEAR 1994, 1ST QUARTER, EXPENSES DO NOT ACCURATELY REFLECT TRUE COST. OFFICIAL OBLIGATIONS ARE NOT REPORTED IN MEPRS.

Table A:

CATEGORY	FY 1992	FY 1993	FY 1994
A. TOTAL MEPRS-A EXPENSE (ALL ACCOUNTS)	4,181,140	3,278,340	181,787

Table B:

CATEGORY	FY 1992	FY 1993	FY 1994
B. GRADUATE MEDICAL EDUCATION SUPPORT (EBE)	0	0	0
C. EDUCATION AND TRAINING PROGRAM SUPPORT (EBF)	177,694	~~206,267~~ 1,127,164	29,906
D. TOTAL EXPENSES IN EBE AND EBF (B+C)	177,694	~~206,267~~ 1,127,164	29,906
E. TOTAL E EXPENSES (ALL ACCOUNTS)	~~4,592,998~~ 5,582,497	~~5,505,737~~ 8,985,569	939,769
F. % SELECTED E EXPENSES (D÷E)[1]	~~.038688~~ .031831	~~.037464~~ .125442	.031823

[1] Record as a decimal to 6 digits.

Changes/Deletions
BUMED, MSS
-822-

1 Jun 94

Table C:

CATEGORY	FY 1992	FY 1993	FY 1994
G. TOTAL E EXPENSES INCLUDED IN MEPRS A	~~964,320~~ 1,329,667	~~991,032~~ 1,313,840	not avail.
H. E EXPENSES TO REMOVE FROM MEPRS A (F×G)	~~37,307~~ 42324.04	~~37,128~~ 174845.7	↓
I. AREA REFERENCE LABORATORIES (FAA)	0	0	0
J. CLINICAL INVESTIGATION PROGRAM (FAH)	0	0	0
K. TOTAL SELECTED F (I+J)	0	0	0
L. CONTINUING HEALTH EDUCATION (FAL)	78,617	77,749	15,828
M. DECEDENT AFFAIRS (FDD)	234	0	0
N. INITIAL OUTFITTING (FDE)	0	0	0
O. URGENT MINOR CONSTRUCTION (FDF)	0	0	0
P. TOTAL (L+M+N+O)	~~78,857~~ 78,851	77,749	15,828
Q. E EXPENSES INCLUDED IN ROW P	~~23,041~~ 1079	~~24,775~~ 415	423
R. E EXPENSES TO REMOVE FROM ROW P (F×Q)	34.34517 ~~3,050~~	52.05831 ~~2,912~~	13
S. OTHER F'S LESS E (P-R)	~~75,807~~ 78816.65	~~74,837~~ 77616.94	15,815

Changes/Additions
BUMED-822, mkl
1 Jun 94

Table D:

CATEGORY	FY 1992	FY 1993	FY 1994
T. INPATIENT WORK UNIT (IWU)	765	679.99 ~~724.60~~	171.7
U. TOTAL WORK UNITS (MWU)[2]	2976.27	3223.10 ~~3,077.41~~	731.6
V. PERCENT INPATIENT (IWU÷MWU)	.257033 ~~26~~	.210974 ~~24~~	23
W. FINAL OTHER F EXPENSES (S×V)	20258.41 ~~19,709~~	16,392.03 ~~17,960~~	3,637
X. FINAL F EXPENSES (K+W)	20258.41 ~~19,709~~	16,392.03 ~~17,960~~	3,637
Y. TOTAL CATEGORY III EXPENSES (A-H+X)	~~4,163,542~~ 4,159,074	~~3,259,172~~ 3,119,886	not avail.
Z. NUMBER OF BIOMETRICS DISPOSITIONS	1136	1091	
AA. TOTAL MEPRS DISPOSITIONS	1140	~~1108~~ 1113	
BB. ADJUSTED DISPOSITIONS (Z÷AA)	.996491	~~.996491~~ .980234	
CC. ADJUSTED MEPRS EXPENSES (Y×BB)	~~4,148,932~~ 4,144,481	~~3,247,735~~ 3,658,217	
DD. TOTAL RELATIVE WEIGHTED PRODUCT (RWP)	559.8072 ~~558.8072~~	610.1554	
EE. COST PER RWP (CC÷DD)	7403.408 ~~7,424.62~~	5,012.144 ~~5,322.79~~	
FF. TOTAL CATEGORY II RWPs[3]	120.4436	182.0571	
GG. TOTAL CATEGORY II COST (EE×FF)	~~894,247.96~~ 891,613.10	~~969,051.71~~ 912,505.6	

Changes / Additions
BUMED-822, MW
1 Jun 94

HH. TOTAL ESTIMATED CATEGORY III EXPENSES (CC-GG)	3,252,788 ~~3,254,684.04~~	2,145,712 ~~1,309,631.57~~	not avail
II. TOTAL CATEGORY III RWPs (DD-FF)	~~438.3636~~ 439.3636	428.0983	
JJ. COST PER CATEGORY III RWP (HH÷II)	~~7,424.62~~ 7,403.408	~~3,059.18~~ 5,012.194	

[2] Total work units (MWU) is the total of Inpatient Work Units plus Ambulatory Work Units (IWU+AWU).

[3] Category II RWP's are RWP's due to Diagnoses Not Normally Hospitalized (DXNNH), Potential Ambulatory Surgery (PAS), and Active Duty Excessive Length of Stay (ADELS).

TABLE E: BURDENING FOR ADD-ONS AND INFLATION

CATEGORY	FY 1992	FY 1993	FY 1994
KK. TOTAL OBDs (OCCUPIED BED DAYS)	1602		
LL. CATEGORY II (AS DEFINED IN FF) OBDs	154		
MM. CATEGORY III OBDs (KK-LL)	1448 ~~1450~~		
NN. AVERAGE DAYS/RWP (MM÷II)	3.2952 ~~3.32~~		
OO. ADD ON PER RWP (NN×77)	253.76 ~~256.1024~~		
PP. TOTAL COST PER RWP (JJ+OO)	7,657.175 ~~7,936.82~~		
QQ. CIVILIAN PAY COST (PP×.15)	1148.576 ~~1,190.52~~		
RR. MILITARY PAY COST (PP×.56)	4288.018 ~~4,444.61~~		
SS. OTHER COSTS (PP×.29)	2220.581 ~~2,301.67~~		

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1 Jun 94

TT. CIVILIAN PAY RAISES (QQ×1.037×1.0297)	1226.448 ~~1,271.23~~		
UU. MILITARY PAY RAISES (RR×1.037×1.0165)	~~4,685.11~~ 4520.045		
VV. UNFUNDED CIVILIAN RETIREMENT (TT×1.147)	~~1,458.10~~ 1802.879		
WW. CIVILIAN ASSET USE CHARGE (VV×1.04)	~~1,516.42~~ 1874.994		
XX. MILITARY ASSET USE CHARGE (UU×1.04)	~~4,872.51~~ 4700.847		
YY. OTHER ASSET USE CHARGES (SS×1.04)	~~2,393.73~~ 2309.404		
ZZ. OTHER COSTS DEFLATOR FACTOR (YY×1.083)	~~2,592.41~~ 2501.085		
ADJUSTED CATEGORY III COSTS/RWP (WW+XX+ZZ)	~~8,981.34~~ 9076.926		

15. Quality of Life.

a. Military Housing

(1) Family Housing:

(a) Do you have mandatory assignment to on-base housing? (circle) yes no

(b) For military family housing in your locale provide the following information:

Type of Quarters	Number of Bedrooms	Total number of units	Number Adequate	Number Substandard	Number Inadequate
Officer	4+				
Officer	3				
Officer	1 or 2				
Enlisted	4+				
Enlisted	3				
Enlisted	1 or 2				
Mobile Homes					
Mobile Home lots					

(c) In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means". For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:
What makes it inadequate?
What use is being made of the facility?
What is the cost to upgrade the facility to substandard?
What other use could be made of the facility and at what cost?
Current improvement plans and programmed funding:
Has this facility condition resulted in C3 or C4 designation on your BASEREP?

See Host Command's Response for pages 31-57
UIC # N00421, NAWC-AD Pax River, Data call #5 for BRAC 95

UIC # N00421, NAWC-AD Pax River, Data call #5 for BRAC 95

(e) What do you consider to be the top five factors driving the demand for base housing? Does it vary by grade category? If so provide details.

	Top Five Factors Driving the Demand for Base Housing
1	
2	
3	
4	
5	

(f) What percent of your family housing units have all the amenities required by "The Facility Planning & Design Guide" (Military Handbook 1190 & Military Handbook 1035-Family Housing)?

(g) Provide the utilization rate for family housing for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(h) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 98% (or vacancy over 2%), is there a reason?

(d) Complete the following table for the military housing waiting list.

Pay Grade	Number of Bedrooms	Number on List[1]	Average Wait
O-6/7/8/9	1		
	2		
	3		
	4+		
O-4/5	1		
	2		
	3		
	4+		
O-1/2/3/CWO	1		
	2		
	3		
	4+		
E7-E9	1		
	2		
	3		
	4+		
E1-E6	1		
	2		
	3		
	4+		

[1]As of 31 March 1994.

(e) What do you consider to be the top five factors driving the demand for base housing? Does it vary by grade category? If so provide details.

	Top Five Factors Driving the Demand for Base Housing
1	
2	
3	
4	
5	

(f) What percent of your family housing units have all the amenities required by "The Facility Planning & Design Guide" (Military Handbook 1190 & Military Handbook 1035-Family Housing)?

(g) Provide the utilization rate for family housing for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(h) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 98% (or vacancy over 2%), is there a reason?

(2) BEQ:

(a) Provide the utilization rate for BEQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\text{AOB} = \frac{(\text{\# Geographic Bachelors} \times \text{average number of days in barracks})}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?

(3) BOQ:

(a) Provide the utilization rate for BOQs for FY 1993.

Type of Quarters	Utilization Rate
Adequate	
Substandard	
Inadequate	

(b) As of 31 March 1994, have you experienced much of a change since FY 1993? If so, why? If occupancy is under 95% (or vacancy over 5%), is there a reason?

(c) Calculate the Average on Board (AOB) for geographic bachelors as follows:

$$\text{AOB} = \frac{(\text{\# Geographic Bachelors x average number of days in barracks})}{365}$$

(d) Indicate in the following chart the percentage of geographic bachelors (GB) by category of reasons for family separation. Provide comments as necessary.

Reason for Separation from Family	Number of GB	Percent of GB	Comments
Family Commitments (children in school, financial, etc.)			
Spouse Employment (non-military)			
Other			
TOTAL		100	

(e) How many geographic bachelors do not live on base?

b. For on-base MWR facilities[2] available, complete the following table for each separate location. For off-base government owned or leased recreation facilities indicate distance from base. If there are any facilities not listed, include them at the bottom of the table.

LOCATION_____ **DISTANCE**_____

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Auto Hobby	Indoor Bays		
	Outdoor Bays		
Arts/Crafts	SF		
Wood Hobby	SF		
Bowling	Lanes		
Enlisted Club	SF		
Officer's Club	SF		
Library	SF		
Library	Books		
Theater	Seats		
ITT	SF		
Museum/Memorial	SF		
Pool (indoor)	Lanes		
Pool (outdoor)	Lanes		
Beach	LF		
Swimming Ponds	Each		
Tennis CT	Each		

[2]Spaces designed for a particular use. A single building might contain several facilities, each of which should be listed separately.

Facility	Unit of Measure	Total	Profitable (Y,N,N/A)
Volleyball CT (outdoor)	Each		
Basketball CT (outdoor)	Each		
Racquetball CT	Each		
Golf Course	Holes		
Driving Range	Tee Boxes		
Gymnasium	SF		
Fitness Center	SF		
Marina	Berths		
Stables	Stalls		
Softball Fld	Each		
Football Fld	Each		
Soccer Fld	Each		
Youth Center	SF		

c. Is your library part of a regional interlibrary loan program?

d. Base Family Support Facilities and Programs

(1). Complete the following table on the availability of child care in a child care center on your base.

Age Category	Capacity (Children)	SF			Number on Wait List	Average Wait (Days)
		Adequate	Substandard	Inadequate		
0-6 Mos						
6-12 Mos						
12-24 Mos						
24-36 Mos						
3-5 Yrs						

(2). In accordance with NAVFACINST 11010.44E, an inadequate facility cannot be made adequate for its present use through "economically justifiable means." For all the categories above where inadequate facilities are identified provide the following information:

Facility type/code:
What makes it inadequate?
What use is being made of the facility?
What is the cost to upgrade the facility to substandard?
What other use could be made of the facility and at what cost?
Current improvement plans and programmed funding:
Has this facility condition resulted in C3 or C4 designation on your BASEREP?

(3). If you have a waiting list, describe what programs or facilities other than those sponsored by your command are available to accommodate those on the list.

(4). How many "certified home care providers" are registered at your base?

(5). Are there other military child care facilities within 30 minutes of the base? State owner and capacity (i.e., 60 children, 0-5 yrs).

(6). Complete the following table for services available on your base. If you have any services not listed, include them at the bottom.

Service	Unit of Measure	Qty
Exchange	SF	
Gas Station	SF	
Auto Repair	SF	
Auto Parts Store	SF	
Commissary	SF	
Mini-Mart	SF	
Package Store	SF	
Fast Food Restaurants	Each	
Bank/Credit Union	Each	
Family Service Center	SF	
Laundromat	SF	
Dry Cleaners	Each	
ARC	PN	
Chapel	PN	
FSC Classrm/Auditorium	PN	

e. Proximity of closest major metropolitan areas (provide at least three):

City	Distance (Miles)

f. Standard Rate VHA Data for Cost of Living:

Paygrade	With Dependents	Without Dependents
E1		
E2		
E3		
E4		
E5		
E6		
E7		
E8		
E9		
W1		
W2		
W3		
W4		
O1E		
O2E		
O3E		
O1		
O2		
O3		
O4		
O5		
O6		
O7		

g. Off-base housing rental and purchase

(1) Fill in the following table for average rental costs in the area for the period 1 April 1993 through 31 March 1994.

Type Rental	Average Monthly Rent		Average Monthly Utilities Cost
	Annual High	Annual Low	
Efficiency			
Apartment (1-2 Bedroom)			
Apartment (3+ Bedroom)			
Single Family Home (3 Bedroom)			
Single Family Home (4+ Bedroom)			
Town House (2 Bedroom)			
Town House (3+ Bedroom)			
Condominium (2 Bedroom)			
Condominium (3+ Bedroom)			

(2) What was the rental occupancy rate in the community as of 31 March 1994?

Type Rental	Percent Occupancy Rate
Efficiency	
Apartment (1-2 Bedroom)	
Apartment (3+ Bedroom)	
Single Family Home (3 Bedroom)	
Single Family Home (4+ Bedroom)	
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

(3) What are the median costs for homes in the area?

Type of Home	Median Cost
Single Family Home (3 Bedroom)	
Single Family Home (4+ Bedroom)	
Town House (2 Bedroom)	
Town House (3+ Bedroom)	
Condominium (2 Bedroom)	
Condominium (3+ Bedroom)	

(4) For calendar year 1993, from the local MLS listings provide the number of 2, 3, and 4 bedroom homes available for purchase. Use only homes for which monthly payments would be within 90 to 110 percent of the E5 BAQ and VHA for your area.

Month	Number of Bedrcoms		
	2	3	4+
January			
February			
March			
April			
May			
June			
July			
August			
Septembe r			
October			
November			
December			

(5) Describe the principle housing cost drivers in your local area.

h. For the top five sea intensive ratings in the principle warfare community your base supports, provide the following:

Rating	Number Sea Billets in the Local Area	Number of Shore billets in the Local Area

i. Complete the following table for the average one-way commute for the five largest concentrations of military and civilian personnel living off-base.

Location	% Employees	Distance (mi)	Time (min)

j. Complete the tables below to indicate the civilian educational opportunities available to service members stationed at the air station (to include any outlying fields) and their dependents:

(1) List the local educational institutions which offer programs available to dependent children. Indicate the school type (e.g. DODDS, private, public, parochial, etc.), grade level (e.g. pre-school, primary, secondary, etc.), what students with special needs the institution is equipped to handle, cost of enrollment, and for high schools only, the average SAT score of the class that graduated in 1993, and the number of students in that class who enrolled in college in the fall of 1994.

Institution	Type	Grade Level(s)	Special Education Available	Annual Enrollment Cost per Student	1993 Avg SAT/ ACT Score	% HS Grad to Higher Educ	Source of Info

(2) List the educational institutions within 30 miles which offer programs off-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational / Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					
	Day					
	Night					

(3) List the educational institutions which offer programs on-base available to service members and their adult dependents. Indicate the extent of their programs by placing a "Yes" or "No" in all boxes as applies.

Institution	Type Classes	Program Type(s)				
		Adult High School	Vocational/ Technical	Undergraduate		Graduate
				Courses only	Degree Program	
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					
	Day					
	Night					
	Corres-pondence					

k. Spousal Employment Opportunities

Provide the following data on spousal employment opportunities.

Skill Level	Number of Military Spouses Serviced by Family Service Center Spouse Employment Assistance			Local Community Unemployment Rate
	1991	1992	1993	
Professional				
Manufacturing				
Clerical				
Service				
Other				

l. Do your active duty personnel have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

m. Do your military dependents have any difficulty with access to medical or dental care, in either the military or civilian health care system? Develop the why of your response.

n. Complete the table below to indicate the crime rate for your air station for the last three fiscal years. The source for case category definitions to be used in responding to this question are found in NCIS - Manual dated 23 February 1989, at Appendix A, entitled "Case Category Definitions." Note: the crimes reported in this table should include 1) all reported criminal activity which occurred on base regardless of whether the subject or the victim of that activity was assigned to or worked at the base; and 2) all reported criminal activity off base.

Crime Definitions	FY 1991	FY 1992	FY 1993
1. Arson (6A)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
2. Blackmarket (6C)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
3. Counterfeiting (6G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
4. Postal (6L)			
Base Personnel - military			

Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
5. Customs (6M)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
6. Burglary (6N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
7. Larceny - Ordnance (6R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
8. Larceny - Government (6S)			
Base Personnel - military			

Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
9. Larceny - Personal (6T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
10. Wrongful Destruction (6U)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
11. Larceny - Vehicle (6V)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
12. Bomb Threat (7B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
13. Extortion (7E)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
14. Assault (7G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
15. Death (7H)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
16. Kidnapping (7K)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
18. Narcotics (7N)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
19. Perjury (7P)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
20. Robbery (7R)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
21. Traffic Accident (7T)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

Crime Definitions	FY 1991	FY 1992	FY 1993
22. Sex Abuse - Child (8B)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
23. Indecent Assault (8D)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
24. Rape (8F)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			
25. Sodomy (8G)			
Base Personnel - military			
Base Personnel - civilian			
Off Base Personnel - military			
Off Base Personnel - civilian			

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

ACTIVITY COMMANDER

CHARLES HENDERSON, III, CAPT, MSC, USN
NAME (Please type or print)

Signature

COMMANDING OFFICER
Title

Date 2 NOVEMBER 1994

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

D. F. HAGEN, VADM, MC, USN

NAME (Please type or print) X D F Hagen Signature

CHIEF BUMED/SURGEON GENERAL

Title X 11/2/94 Date

BUREAU OF MEDICINE & SURGERY

Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER

NAME (Please type or print) W Earner Signature

Title 11/3/94 Date

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

NEXT ECHELON LEVEL (if applicable)

NAME (Please type or print) _____ Signature _____

Title _____ Date _____

Activity _____

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

MAJOR CLAIMANT LEVEL

HAROLD M. KOENIG, RADM, MC, USN
NAME (Please type or print)

Signature

ACTING CHIEF BUMED
Title

11/8/94
Date

BUREAU OF MEDICINE AND SURGERY
Activity

I certify that the information contained herein is accurate and complete to the best of my knowledge and belief.

DEPUTY CHIEF OF NAVAL OPERATIONS (LOGISTICS)
DEPUTY CHIEF OF STAFF (INSTALLATIONS & LOGISTICS)

W. A. EARNER
NAME (Please type or print)

Signature

Title

11/15/94
Date